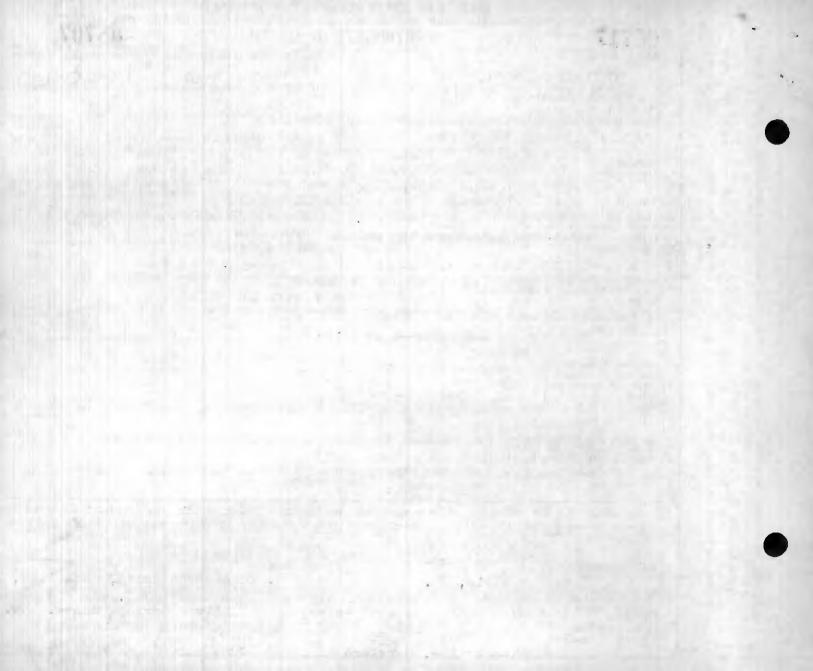
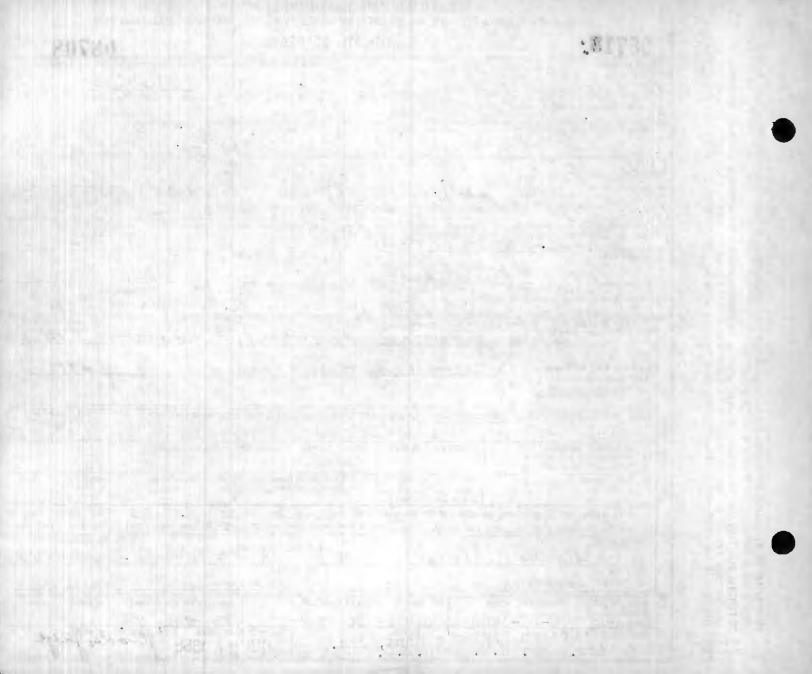
10	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
)	08717 CERTIFICATE OF DEATH	707
	b, CITY DR TDWN (If outside corporate limits, I c, LENGTH OF STAY IN 1b c, CITY DR TDWN (If outside corporate limits, write RURAL and	TGOMERY.
-	write RURAL and give nearest town) SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
2	HOLY CROSS HOSPITAL 263 CONGRESSIONAL LANE	DN A FARM?
12	(Type or print) NIHIL ESTEBAN RAMIREZ DEATH JUNE 2	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1Y last birthday) Months Da	EAR IF UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) STORE MANAGER 10b. KIND OF BUSINESS OR ILL BIRTHPLACE (County & State, or foreign country) 12. CITIZ COUNTY COUNTY 12. CITIZ COUNTY 13. CUBA	ZEN OF WHAT VTRY?
	FATHER'S NAME 14. MOTHER'S MAIDEN NAME NIHIL ESTEBAN BAMIREZ KIRLE OTA	
in d	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
16	PART 1. DEATH WAS CAUSED BY: Cardiae arrisk	NTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TD (b) Analyco DUE TO DUE TO CC) Dumalyco	
pt.		19. WAS AUTOPSY PERFORMED?
- 1		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work	y) (State)
	21. I certify that (I) (this hospital) attended the deceased from 6-29-, 1966, to 6-29-, 1966 saw the deceased alive on 6-29-, 1966, and that death occurred atM, from the causes and on the	date stated above.
	22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR 22b. DATE 22c. PHYSICIAN'S 22d. ADDRESS	E SIGNED
	NAME (Type) George Ellis, Sr. 50 W. Edmondston Drive, Re	
	Durial	ontg. Md.
	24. FUNERAL DIRECTOR 1331 Rockville Pike Rockville, Maryland DATE JUL 8 1966 July 1966	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH and campletely filled in by the funeral remave carban papers. Pages Tank PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) COUNTY MARYLAND executed within 24 hours after CITY OR TOWN (If outside comprate limits, write PURAL and give neglect town) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 1b dese remave carban papers. Pag and in any event, within 72 haurs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? (21) NO NAME OF 4 ØATE Middle Dov Year DECEASED (Type or print) DEATH S. SEX DATE OF BIRTH AGE MARRIED AGE (In years last birthdoy) Hours Doys WIDOWED DIVORCED 10b. KIND OF BUSINESS OR Kew. 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe poring, most of working life, even if retired) COUNTRY? requires that the death certificate 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war or dotes of service) ò INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit p PART I, DEATH WAS CAUSED BY **DUE TO** burial, Conditions, if ony, which gove CEREBRAL ARTERIOSCIEROSIS rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta last. 19. WAS AUTOPSY PERFORMED? has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO **DIRECTOR:** After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased fram Sancarse , 1966, to June 23, 1966, that (1) (we) last 19 66, and that death accurred at 145AM, from causes and an the date stated above. saw the deceased alive an-22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S FUNERAL NAME (Type) WEDMENDSTEN DE 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 Calvary Cemetery PECHTRAR'S MGNAMERE 2So. REC'D BY REGISTRAR Joseph S Wash D.C. VR A15 (4) 20 M 1/66 Wisc. Ave. N.W.

MARYLAND STATE DEPARTMENT OF HEALTH

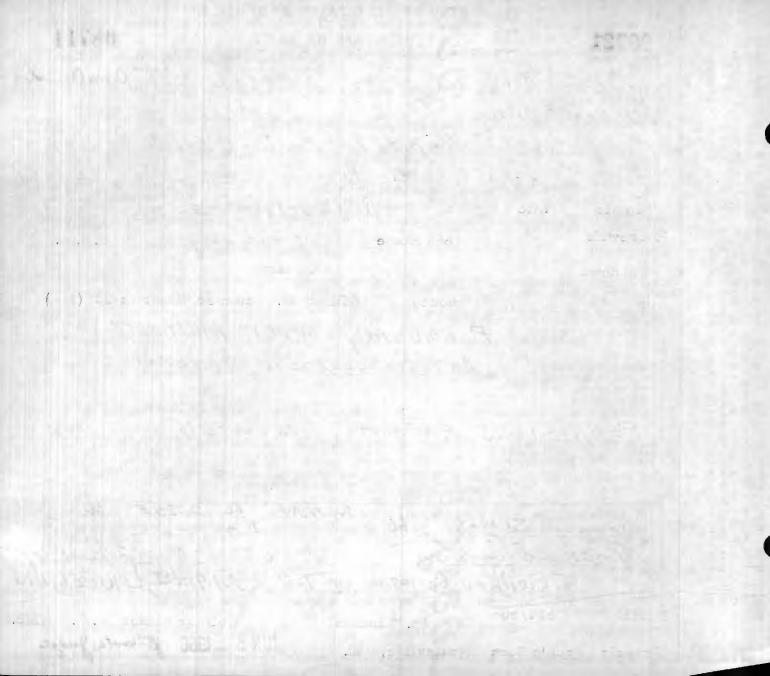


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the death certificate be executed within 24 haurs after death puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then please rerectore carbon papers. Pages I and o. COUNTY o. STATE MARYLANO CITY OR TOWN (If auxilia carparate limits write RUPA) and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET AUORES IS RESIDENCE within 72 ON A FARM? NO I NAME OF Doy Year Lost DECEASED OF DEATH (Type or print) 19/ IF UNDER 1 YEAR S. SEX DATE OF BIRTH AGE (In years IF UNOER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY 71.5.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY requires that IMMEDIATE CAUSE (o) DUE TO burial, Canditions, if any, which gove rise to immediate cause (o). DUE TO stating the underlying cause attending as the TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or use NO the hospital or 20o. ACCIDENT WAS UNCERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Not While factory, street, office bldg., etc.) While 19 at work at wark ro Hospital or Attending Page 4 may be retained by 90 21. I certify that (I) (this hospital) gittended the deceased from 2 and that death/occurred at 322. M, fram kauses and an the date stated abave. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. LG QMD DIRECTOR be filed eq E 22d. **ADORESS** 22c. PHYSICIAN'S NAME (Type) akki. directar, shauld b 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BEMOYAL (Specify) 6-27-1966 Suitland Cedar Hill Cemetery 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Inc. 5130 Marley 1966 20 M 1/66

M	02720		TE OF DEATH	STREET, BALTIM	0.9710
1	PLACE OF DEATH		2. USUAL RESIDENCE (W	Chara decoured lived If	institution, Paridanes befo
1	. COUNTY M	- Additional of the Additional	e. STATE	b. COUN	an Greek
-	Mangameny	MARYLAND	Mary	land	1.4.
Г	b. CITY OR TOVIN (if outside corporete limit), write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OFTOWN (IF outs	ide corporete limits, write	RURAL and give neerest
	Potamie		Laine	<u> </u>	16
	NAME OF HOSPITAL OR INSTITUTION IN HOL	in hospital, give street eddress)	d. STREET ADDRESS		. IS
	alamac Manar Re	using Hame	319 Wass	2 Blad	YES
1	NAME OF DECEASED	Middle	Last 4.	DATE Month	Day
	(Type or print) Edith	Ellen KED	miles i	EATH 6	25
1	. SEX 6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED 18	DATE OF SIRTH	9. AGE (In years	
	FWW	DOWED TO DEVORCED	May 25 18	19 last birthdey)	Months Days Hour
h	On. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR		itete, or foreign country)	12. CITIZEN OF WHA
	iona during most of working life, even if retired)	har.	Many	6	/10
-	3. FATHER'S NAME	1)	14. MOTHER'S MAIDEN HAM	1	43
	11) 100	toial	no o	//	/
-	5. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 1 17. II	NFORMANT	Addraus Addraus	une
	Yes, no, or unkown) (Ifyesgivewarordatesofservic			1 01	P
=	18. CAUSE OF DEATH (Enter only one caus	te per line for (a). (b) and (c)?	is george	Arnelli	INTERVAL
	PART I. DEATH WAS CAUSED 8Y:	See time for (e), (e), and (e),	0.00000		ONSET AL
	IMMEDIATE CAUSE (a)	myour	met prof	urten	12
	4 201 DUE TO	0 ()	201	0	1-
	Conditions, if any, which (b)	Colore	2 Just	vous	
L	(e), stating the underlying DUE TO	C) ~ 0/	0.	2
	ceuse lest. (c)	- Coret	certain	orcin-	- ma
3	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT HO	T RELATED TO THE TERMINAL D	ISEASE CONDITION GIV	'EN IN PART I(a) 19. WA
		Chrone V	South		YES [
Centre	206. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING 20 CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	or Part II of item 18.)	
13					
1	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Homa, farm, 20 pry, street, office bldg., atc.)	Of. (City or town)	(County)
1000	p.m. 19	et work et work	1 1	<u>, , , , , , , , , , , , , , , , , , , </u>	1
	21. I certify that (I) (this hospital)	attended the deceased from	11100	,10 6/25	, 19hat (
	saw the deceased alive on	2 4 19 6 and that	death occurred at 11:50	from the causes	and on the date stat
	220. SIGNATURE	1		CTAFE	A 1
	111111111111111111111111111111111111111	21 M.	D. PHYS. DIRECT	OR PHYS.	61
	22c. PHYSICIANYS		22d. ADDRESS	1 11	1.0
	NAME (T/00) STEPHEN	N. JONES	Kock	ville	149
2	Sa. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	DR CREMATORY 23	LOCATION (CITY, 19)	wn or county)
	BENOVAL ISPECIFY 6-28-66	S July 11,10	Cemetery	Laurel	Maryl
2	4 FUNERAL DIRECTOR'S SIGNATURE	ADDIKESS	250. ACC'D 81	REGISTRAR 256. REG	SISTRAR'S SIGNATURE
	Do With Dones	due Laures	Parcel DATE IIIN	30 1966	Charles Jus
		-7		1 1 100	- //-

1-17 Eding Eller Mederiles STEP/ENNI JOEES ROWN WILL

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
다. 1821년 1877년	8721 CERTIFICATE OF DEATH 08711	
hours after death. d in by the funeral rs. Pages 1 and 2 r hours after death.	ACE DE DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before a. STATE b. COUNTY D. COUNTY	admission)
by the furnish after ours after	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give near	
ours in by	Dilver Spring Adams Fulton, 132	
filled papers.		ESIDENCE A FARM?
	Me of First Middle Last 4. DATE Month Day of DEATH JUNE 2 1:	Year
executed within and completely remove carbon any event, with	pe or print) La E. Remmer DEATH One 2 1: (6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR FUNDER 1 YEA	966 DER 24 HRS.
and corremove	Temale White WIDOWED DIVORCED 12/20/1885 80 yrs.	rs Min.
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b cate	ATHER'S NAME Own Home Own Home Own Home U.S. A. 14. MOTHER'S MAIDEN NAME	
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death certificate he attending physic permit. Then we tion, or removals	none (If yes give war or dates of service) none 12 [son]	
he de y the sit pe matio	CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND	D DEATH
that tician. Ician. ned b Il-tran	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PILMONARY EMBOLI, MULTIPLE UNIX 4500 DUE TO	4
phys phys n sig buria buria	nditions, If any, which to immediate (b) ARTERIOSCLEROSIS ELWERAL	
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r atte r atte te ha ise a ith pr	RT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERF	AUTOPSY ORMED?
IN: The state of t	PERMICIONS ANEMIA, INTRODUCE PATED a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	NO 🗍
SICIA hosp is cer ached ept. o	a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	(Dhaha)
s Phi by the er thi e det	County) Hour a.m. p.m. 19 County Occurred At work at work at work	(State)
D HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by til director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, crema	21. I certify that (I) (this hospital) attended the deceased from 24 MAY, 1966, to 2 Time, 1966, that (I)	
ATTE retail 3 sho with 1	saw the deceased alive on 3/MAY 1966, and that death occurred at 33/4 M, from the causes and on the date stat a. Scharuse 22b. Date Signed	ed above.
ay be ay be page filled	M.D. ATTENDING DIRECTOR DIRECT	06
SPITI 4 m NERA Stor,	NAME (Type) J. RICHARD COMPTON MO 6/2 MAINS, LAWREY,	Md
TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then the should be filed with the State Dept. of Health prior to burial, cremation, or removal:	EMOVAL (Specify) 6/4/66	(State) .
0	UNERAL DIRECTOR ADDRESS 25a, REGISTRAR 25b, REGISTRAR'S SIGNATURE	Md.
VR A15 (4)	ancis Gasch's Sons Hyattsvible, Md. DATE 1966 governes Judge	-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08712 death. requires that the death certificate be executed within 24 haurs after death. physician and campletely filled in by the funeral I PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COTENTY o. STATE b. COUNTY and in any event, within 72 hours after MARYLAND CETENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn (If outside corporate limits, write RURAL and give nearest town! papers. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO. 3. NAME OF Middle DATE First Last Month Doy Year DECEASED 9-8-10 19 (Type or print) DEATH IF UNDER 1 YEAR I IF UNDER 24 HRS. S SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED lost birthdoy) Months Doys Hours -26-A WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10p USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER S NAME 14. MOTHER'S MAIDEN NAM signed by the attending burial-transit permy The burial, cremation, or re-15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) INFORMANI Address 16. SOCIAL SECURITY NO CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) CERTIFICATION NO YES 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour om foctory, street, office bldg., etc.) Not While O HOSPITAL OR ATTENDING pt work 21. I certify that (I) (this haspital) attended the deceased fram 5 - 3-7. Leb., 19 dd-8. 201 ___, 19____, that (I) (we) last Page 4 may be retained ø and that death accurred at 450 M, fram causes and an the date stated above saw the deceased alive ania-3 1-22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING. M.D. PHYS. director, page should be filed 22d. ADDRESS 22r PHYSICIAN S 915 19th St. N.W. Wash., D.C. NAME (Type) Chenery Alen J. 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify)
Cremation Lee's Crematory Washington. 6-9-66 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b RECISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Washington, D.C. Lee Funeral Home



- ~		38723)	Item	ARCH AND RECORDS, 30 CERTIFICATE	OF DEATH	l	more, mari		0571	[3]
er deat funeral I and er deat	1,	PLACE OF DEATH O. COUNTY Mont	gomery		MARYLAND	2. USUAL RESIDENCE a STATEMary 1	(Where decease and	sed lived, if institut b COU		efare admissi tgomer	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burnal-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar ta burial, crematian, ar remaverand in any event, within 72 haurs after death		b. CITY OR TOWN (If write RURAL and	autside carparate limits	lney	5 hrs.	Gaithers			RAL and give ne	arest tawn)	
led in lapers.			t or institution (if no ry General			d. STREET ADDRESS RFD 1				e. IS RESI ON A F	DENCE ARM? NO
*	3	NAME OF DECEASED (Type or print)	Elizab	st	Middle Magruder	last Riggs	4 DATE OF DEATH	June	th 28	Day Ye	
	5		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	5-18-87 18		AGE (In years last birthagy)	IF UNDER 1 YEA	AR I IF UNDE	R 24 HRS. Min.
3	10a	_	(Give kind of work done		ND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Count		reign country)	12 CITIZEN COUNTY U.S	OF WHAT	
ng (13	FATHERS NAME Edwards W				14. MOTHER'S MAIDEN Colum		gruder	Ap		
rmit. Î 1, ar ren	1S (Ye	WAS DECEASED EVER s, na, ar unknawn)	(IN U.S. ARMED FORCES? (If yes give war ar dates a	f service) 16.		nformant Dap. Recer	ds	Addr	855		
i the burial-transit permit. Then please remave carban pape ar ta burial, crematian, ar remavor and in any event, within 7.		PART 1. DEATI A A A Canditions, if any, rise to immediate stating the underless.	which gave cause (a), lying cause	(a) Acut 10 Arte (b) Arte 10 wi (c)	e Cardiac Fail riosclerotic H riosclerotic C th hypertensio	eart Diseas ardio-vascu n.	lar-re		3 2ase 3	onset and in day O year	rs T
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ate Dep	MEDICAL	Haur a.m p.m	. 19	While at was	Rat While fact	CE OF INJURY (Hame, far ary, street, affice bldg., et	(.)	(City ar tawn)	(Caunty)		(State)
the ST		saw the de	y that (I) (11/15/1165 ceased olive on_6	がる) otten /28/66	ded the deceosed from	1935 t deoth occurred a	19 5 a	to <u>6/28/66</u> A, from couses	ond on the		v rejk lost dobove.
director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health priar to		22a. SIGNAUDRE	Ze ller	dre	1 2. Y. M.	ATTENDING PHYS.	MED. DIRECTOR	STAFF C	22b DATE S		
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta		22c. PHYSICIAN'S NAME (Type)	Ultariaria	oyer		9701 Chu					
shoul		BURIAL, CREMATION REMOVAL (Specify)	June 30	1966	23c NAME OF CEMETERY OR Goshom		Lay	CATION (City or To	e Mon	t. M	itate)
15 (4)	24	FUNERAL DIRECTOR	Francis H	Berb	ADDRESS Laytonsvil		JUN 3	0 1966	EGISTRAR'S SIGNA		

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1 M		MAKYLAND STATE DEPARTMENT OF MEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
FOR STATE		ACT24 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5714
MALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if institution; Re	sidence before admission)
lay is necessary, al director. Page for your files. Department of death.	1	A. STATE	teomera
necessary octor, Page our files. riment of		CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and	
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ay is necessing director. Propertment death.	- A-Se	J. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	. IS RESIDENCE
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AMINE Writing Chief Page 3 int, prior	MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown)	ly) (Stata)
EXAN afe, will be the C NR: Pagent,	MED	Hour s.m. While Not While factory, street, office bldg., etc.) P.m. 19 at work at work	
L E COR L SO L		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X.	and in my opinion
TY NEDICAL EXA secute the certificate, w Be forwarded to the RAL DIRECTOR. P. Its designated agent		death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner .	
The the DIR		ACTUAL CHIEF MEDICAL EXAMINER C	
Cute for for its of		SIGNATURE M.D. ASSISTANT MEDICAL CAMMINER	DATE SIGNED
— × M ∩		EXAMINER'S NAME (Typa) ONN G. Ball Address (Street, city, town, or county)	>
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	23.	W. W. Chambers Mc. 8655 (FEORY) & ATT I WAR A WAR A	NATURE
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1 .	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
- 4-1	OS725 CERTIFICATE OF DEATH (187)	15
	PLACE OF DEATH o COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before country on STATE Maryland b COUNTY Montgomery)	e odmission) E TY
within 24 haurs after by filled in by the fur papers. Pages 1	b CITY OR TOWN (if outside corporate limits, write RURAL and give neares write RURAL and give neares town) Silver Spring c. LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give neares Silver Spring	
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hat the n.y. the ansit partition	18. CAUSE OF DEATH (Enter only one couse per the for {o}, (b), ond (c).) PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (o) The course of the course per the for {o}, (b), ond (c).) INTO ONE ONE ONE ONE ONE ONE ONE ONE	ERVAL BETWEEN SET AND DEATH
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law rec nding F been s s the b	stoting the underlying couse DUE 10 + VETOVEDARTIES Chronic	182
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D HOSPITAL OR ATTENDING PHYSICI, Page 4 may be retained by the haspitra 5 FUNERAL DIRECTOR: After this certific director, page 3 shauld be detached is should be filed with the State Best of the state	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f (City or town) (County)	(Stote)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Page of Health reject to	230 BURIAL (REMATION, 235. DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY. 23d LOCATION (City or Town) (County REMOVAL (Specify) C-16-1966 COLESVILLE, METHODIST COLESVILLE, MARY	CLNAL
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08728 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remaye carban papers. Pages I and, burial, crematian, ar remayal, and in any event, within 72 haurs after deaf PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (if outside carparate limits, write RURAL and give nearest fown) write RIRAL and a ve nearest town). Bethesda (Rural Days Bellevue d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? U. S. Naval Hospital 2805 - 109 Place YES [NO Z NAME OF First Middle 4. DATE Day Year DECEASED June 66 Candace Jean Roetman Type or print 19 DEATH "S" SFX 6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR 7. MARRIED X B. DATE OF BIRTH IF UNDER 24 HRS **NEVER MARRIED** lost birthdoy) Doys 16 October 1949 Female Cauc. WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Minneapolis, Minn. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Orvil Roetman Lavera Jones D.C. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Believue, WashINGton, (Yes, no, or unknown) (If yes give wor or dotes of service Mr. Orvil Roetman 2605 109 Place N.E. No INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one touse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute Leukemia IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (b) rise to immediate cause (o), DUE TO storing the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X YES -200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) of work at work 21. I certify that (I) (this haspital) attended the deceased fram May 19 19 00 , ta June 25 , 19 00, that (1) (we) last 1966, and that death accurred at 10:44M, Freith causes and an the date stated above saw the deceased alive an June 25 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. director, page 3 shauld be filed v DIRECTOR June 26. 1966 M.D. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) U. S. Naval Hospital. Bethesda. Md. E. Zimmerman 23d. LOCATION (City or Tawn) 23b. DATE THEREOF 230. BURJAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Removal National Cemetery Portland. Oregon 6-28-1966 National Ver Washing Works D.C. 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 [4] Joseph Gawler & Sons 5130 Wisconsin Ave. N.W. 30 1966 Ocharles 20 M 1/66





	1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
æ		GR728 CERTIFICATE OF DEATH (18718)
24 hours after death.	funeral and 2 r death.	L. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY c. STATE. c. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE. c. STATE. c. COUNTY c. COUNTY d. STATE. c. COUNTY d. COU
ffer	by the Pages 1 Irs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
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be executed within	completely ve carbon l event, with	NAME OF DECEASED (Type or print) Blume Rosenblum Death Sune 13 1966
ted	comp even	5. SEX 16. COLOR OR RACE 12 MADRIED 1 NOVER MADRIED 18. DATE OF BIRTH 19. ACE (In years I FUNDER 1 YEAR HE UNDER 24 HR
xecu	and emo	WIDOWED DIVORCED Nov. 2, 1888 77 yrs.
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8	attending prysician rmit. Then clease n, or removal, and in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SON-IN-LAW LIZE DURBIN RD-
deat	he at pern tion,	10 1 LEUNARD SCHOMAN - BETH - MD
That th∎ deat	physician. signed by the attending the literand completely filled in by the stransit permit. Then-please remove carbon papers. Pages 1 burial, cremation, or removal, and in any event, within 72 hours after	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)
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law re∎uires	en sl en sl bur o bur	Conditions, If any, which gave rise to immediate (b) Chileron Const.
- re	ittending has been as the t	cause (a), stating the underlying cause last. (c) Deabeles Wellits
e a	r mtte te ha ise a ith pu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Ë	iffical for theal	YES NO 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
TYSICHEN	he hospital or attending this certificate has been letached for use as the been Dept. of Health prior to b	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
SALL	the hospital or this certificate detached for us e Dept. of Healt	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 Not While at work at w
2	After After be Stat	
ATTENDSN	OR: hould the	21. I certify that (I) (this hospital) attended the deceased from 1967, to 1967, to 1969, that (I) (we) last saw the deceased alive on 1969, another death occurred at 1969, from the causes and on the date stated above
OR AT	be retained URECTOR: A ge 3 should ed with the S	22a. SIGNAZORI 22b. DATE SIGNED
	nay b lt oi page file	22c. PHYSICIAN'S M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS
HOSPITAL	Page 4 may FUNERAL I director, pag should be fill	NAME (TYPE) GEORGE SHARPE MD 10511 SUMMIT AVE. KENSINGTON MD
2	Page 4 may be retained by the hospital or Itten To FUNERAL DIRECTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health pric	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
-	-	BURIAL 6-14-66 KING DAVID MEMORIAL GARDEN FALLS CITURALT VA 24. FUNERAL DIRECTOR ADDRESS 125a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	R A15 (4)	Bernard Danzansky and Sons 3501-14th Strange VN 15 1966 followles Judge
2	OM 1/65	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ひつうりき funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY letely filled in by the further the property of the further further for the further fu b. COUNTY Maruland 24 hours after Montgomery Montgomery MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jakoma Park Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Washington Sanitarium and Hospital 10109 Portland Road YES L NO 🔽 executed within attending physician and completely rmit. Then please remove carbon in, or removal, and in any event, with NAME OF Middle DATE OF Ody Month Year DECEASED (Type or print) Hunter DEATH loseph ROSS. June 1966 5. SEX 6. COLOR OR RACE AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIED K NEVER MARRIEO Male WIDOWED DIVORCED 66 yrs. 10a, USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) D HOSPITAL OR ATTENDING PHYSIGIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. INDUSTRY Good Broker Wholesale Toods Kentucku 13. FATHER'S NAME MOTHER'S MAIDEN NAME Joseph H. Ross. Violet Parsons 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ortland Road this certificate has been signed by the attentetached for use as the burial-transit permit. Dept. of Health prior to burial, cremation, or it (Yes, no, or unknwn) | (If yes give war or dates of service) Ŋη Maruland Vane INTERVAL BETWEEN OWSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? 20a, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.4 MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. (State) 20f. (City or town) (County) DIRECTOR: After that age 3 should be det factory, street, office bldg., etc.) Hour a.m. While **Not While** D.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1000 AM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURÉ 220. page ATTENDING STAFF DIRECTOR M.O. director, pay PHYSICIAN'S 22c. 22d, ADDRESS NAME (Type) Thomas P. Togarty University Blud 101 BURIAL, CREMATION, REMOVAL (Specify) 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county Prince Georges, Co BULLE 1966 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 166 VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY are onkomer MARYLAND Department after death. b. CITY OR TOWN (if syrside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR JOWN (if outside corporate limits, write RURAL and give nearest town) the 5 d. STREET ADDRESS B. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) delay Nand 3 to to 13. Page State hours a No.K MO06 Month NAME OF Year First Middle 4. DECEASED OF DEATH (Type or print) 19 2 with within 5. AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months Days Hours WIDOWED OLYORCED event 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR (State or foreign country) during/most of working life, even if retired) INDUSTRY COUNTRY? -TISLLOU pages in any FATHER'S NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes,ano, or unknown) (If yes give war or dates of service) permit. I Unknown Bashin INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH EXAMINER: This certificate should be executed PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). burial-transit Hypertensive Cardiovascular V.are DUE TO Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a), stating the Chief used as a to burial, 60 underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMEO? YES No DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should agent, pri WEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) Not While factory, street, office bldg., etc.) Hour a.m. While at work cToR: Page designated at work 21. I certify that I took charge of the remains described above, held an Autopsy 3 Inspection Inquiry and in my opinion 4 should OIRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural causes X Accident CHIEF MEDICAL EXAMINER YOUR Page / 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURI for 0 FUNERAL (DEPUTY MEDICAL EXAMINER IN 3 please ex director. retained 1 **EXAMINER'S** JOHN G. Bethesda, Md. BALL Address (Street, city, town, or county) NAME (Type) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 0.0 Arlington Burial 6-27-66 Arlington Natl Cem. Virginia Bethesda, 25a. REC'D BY REGISTRAR! 25b. BERT A Marvland VR ALSME (5) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE o COUNTY b COUNTY MARYLAND C LENGTH OF STAY IN 16 b. CITY OR TOWN (f outside/corporate limits. (If outside corporate limits, write RURAL and give negrest town) filled in I e. IS RESIDENCE ON A FARM? d STREET ADDRESS d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Hospital East Gate NO 🔀 YES 3. NAME OF Middle First DATE Month Doy Year DECEASED (Type or print) Agnes 1966 DEATH YEAR TIF UNDER 24 HRS S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 6 COLOR OR RACE MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT Own Home during most of warking life, even if texted) COUNTRY? House w 14. MOTHER'S MAIDEN NAME 13. FATHER 5 NAM ar rem 15 WAS DECEASED EVER IN U.S. ARMPD FORCES?
(Yes, no, ogynknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 JINFORMANT Address 76-07-8939 18 CAUSE OF DEATH (Enter only one cause per line, for (o), (b), and (c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if only, which gove (b) rise ta immediate cause (o), DUE TO stoling the underlying cause has been with the State Dept. of Health prior to as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20s, PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour o.m foctory, street, office bidg., etc.) While Nat While ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this-hospital) attended the deceased fram.... 20 1950, that {|} {we}-las ta be retained 6-24 1966, and that death accurred at 236M, from causes and an the date stated abave saw the deceased alive an 22o. SIGNATURE 22b DATE SIGNED STAFF PHYS ATTENDING M.D. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL, CREMATION, (County) REMOVAL (Specify) Heaven Cemetery wer Joring Burial REGISTRAR'S SIGNATURE 2Sb. 24. FUNERAD DIRECTO VR A15 (4) 1966 20 M 1/66 wwwhreu



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Rhode Island **b.** COUNTY Montgomery physician and completely filled in by the fur hen please remove carbon popers. Pages 1 novol, and an army event, within 72 hours after a MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 41 days Middletown Bethesda (rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Bayview Park YES NO K U. S. Naval Hospital 3 NAME OF First Middle 4. DATE Manth Last DECEASED 66 ROZEN June Martin (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** lest birthdoy) Hours Feb. 15, 1893 DIVORCED Cauc WIDOWED TS male LDa LISUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
U. S. Navy COUNTRY? TISA Retired Chelsea, Massachusetts 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the ottending physi burial-tronsit permit. Then pl burial, cremation, or removol, Anna Rosenberg Isaac Rozen Mass. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT BOSTON 16 SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war ar dates of service)
Yes
unknown 023-05-7677Mr. Nathan Rozen. 145 Pinkney Street/ INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Bronchopneumonia associated with IMMEDIATE CAUSE (a). by the hospital or attending physicion. DUE TO metastatic reticulum cell sarcoma Conditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X NO [20g ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or tawn) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram May 8 saw the deceased alive an June 16 19 60, and that death ac June Poge 4 may be retoined , and that death accurred at. M, from causes and on the date stated above. 22a SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR June 16, 1966 M.D. 22d. ADDRESS 22c. PHYSICIAN'S U. S. Naval Hospital, Bethesda, Md. NAME (Type) James L. Shumaker, M. D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION 23b. DATE THEREOF (County) (State) rans that a terion Swan Point Crematory 6-17-66 Providence, R. I. 25b. REGISTRAR'S SIGNATURE ADDRESS Bethesda. 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Misseles Judge Robert A. Pumphrey, 7557 Wisconsin Ave. / Md. DATE I



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. a. COUNTY b. COUNTY Montgomery Pages 1 urs after after Marvland Montgomery MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) is signed by the attending physicial and completely filled in by burial-transit permit. Then please fractore carbon papers. Pag burial, cremation, or removal, and in any event, within 72 hours: hours Bethesda filled in Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS 6. IS RESIDENCE ON A FARM? 5510 Lincoln Street Bethesda-Silver Spring Nursing Home YES T NO-K executed within Month Day Year Middle Last DATE DECEASED RUSSELL POOLE URSULA DEATH June 19 66 (Type or print) AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO DATE OF BIRTH Hours Female White Nov. 24, 1884 8 WIDOWED DIVORCED 10b. KING OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done I during most of working life, even if retired) COUNTRY? that the death certificate be Housewife S Washington. D C 13. FATHER'S NAME MOTHER'S MAJOEN NAME Lawson Poole Elizabeth Boswell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDCIAL SECURITY ND. 10024 Sinnot Drive (Yes, no, or unkown) \((If yes give war or dates of service) Ñο W.R. Poole Bethesda, Maryland INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: G physician. IMMEDIATE CAUSE (a OUE TD requires Conditions, if any, which (b) peen gave rise to immediate attending as the prior to QUE TO (a), stating underlying cause last. certificate has (C) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMEO? the hospital or NO X YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNCERLYING r this certi of o OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER) l be detacher State Dept. o MEDICAL (State) TIME OF INJURY Month, Oav, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After While **Not While** be retained by at work ATTENDING 19 at work 3 should with the S 21. I certify that (i) (this hospital) attended the deceased from FUNERAL DIRECTOR: and that death scourred ata M, from the causes and on the date stated above. طط 19 saw the deceased alive on OATE SIGNEO 22b. 22a. SIGNATURE page ATTENDING DIRECTOR PHYS. M.D. PHYS. Page 4 may 22d. **AOORESS** PHYSICIAN'S director, p should be NAME (Type) ROBERT N. COALE 4429 Bradley Lane. Bethesda. Md. 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. OATE THEREOF 9 Ft. Lincoln Cemetery Prince George Co. . Md. Burial 6-3-66 REC'D BY REGISTRAR 251 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ROBERT PUMPHREY Bethesda. Maryland Α. VR A15 (4) 15M 4-64



22		16	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
7	2	=~ (14	CERTIFICATE OF DEATH	1
,	after death.	he funeral s 1 and 2 fer death	PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before adv a. STATE MARYLAND MONTGOMERY MARYLAND MONTGOMERY	RY_
	hours af	filled in by the f papers. Pages 1 hin 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest with RURAL and give nearest town) SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) SILVER SPRING d. STREET ADDRESS d. STREET ADDRESS	
	24	papers nin 72 f		NO S
	within	bon wit	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) JACOB J. SCHLEIFER DEATH JUNE 19 19	
	executed within	and comple emove car any event,	(Type of print) SEX SEX SEX SEX SEX SEX SEX SE	24 HRS Miln.
	a /	hydean ar please re-	12. USUAL OCCUPATION (GIVE KIND OF WORK done Industry) 12. CITIZEN OF WHAT INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INTERIOR DECORATOR ******* NEW YORK USA	
	certificm	Then. emova	3. FATHER'S NAME MICHAEL SCHLEIFER 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wife Wife Addres 1.0404 Mules (s. no., or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Wife Words 1.0404 Mules 1.04	? P
	the death	y the sit po matio	YES WI 579-24-4131 MRS. MARGARET SCHLIEFER MC 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: 1 C 1. T.F. MUD C 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WEEN EATH S
	NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate book A man he retained by the honories or attending physician.	ite has been signed by use as the burial-transition to burial, cremitally cremitals.	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO ARTERIO SCLEROTIC HEART DISEASE Hygan (b) DUE TO (c)	
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	NG PHYS	tained by the nos for: After this ce should be detache th the State Dept.	Hour a.m. p.m. 19 While Not While factory, street, office bidg., etc.) at work at work	tate)
4	ATTENDING retained by	y be retained DIRECTOR: A age 3 should filed with the 8	21. I certify that (I) (this haspital) attended the deceased from May, 1965, to Gene 19, 1966, that (I) (saw the deceased alive on 1966, and that death occurred at 9 64, from the causes and on the date stated 22a. SIGNATURE 22b. DATE SIGNED	above
	HOSPITAL OF	age 4 may be FUNERAL DIR irector, page hould be filed	22c. PHYSICIAN'S J. BLALKE FITZGERALD 22d. ADDRESS 82/8 Wisconsin and Better	la
	TO HOS	Tage 4 may To FUNERAL director, particular be should be	REMOVAL Specific 6-21-1966 ARLINGTON NATIONAL ARLINGTON VA	ate)
		R A15 (4) 5M 4-64	ROBERT A. PUMPHREY 7557 WISCONSIN AVE 1UN 2 1 1966 RETHESDA, MARYLAND ADDRESS AD	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY hours MONTGOMERY MARYLAND MONTGOMERY 12 th by the and 2 death, MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) filled in Pages 1 after SILVER SPRING SILVER SPRING executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? 9039 Sligo Creek Parkway 9039 Sligo Creek YES NO completely ove carbon papers. event, within 72 ho Middle 4. DATE Year DECEASED OF CELIA SETD (Type or print) DEATH 1966 19 June carbon 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yours HF UNDER 1 YEAR IF UNDER 24 HRS. and last birthdey) Months 1 WIDOWED Y DIVORCED the hospital or attending physician. his certificate has been signed by the attending physician please remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired any <u>Housewife</u> Russia USA 13. FATHER'S NAME MOTHER'S MAIDEN NAME Ξ. removal, and Franklin Coopersmith

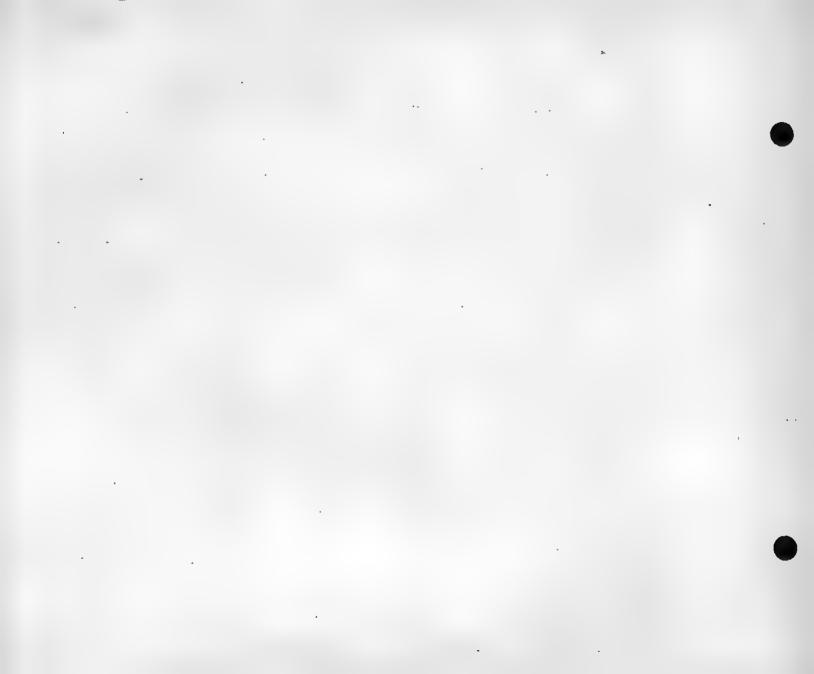
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Froma Bronstein Then I 17. INFORMANT Address See (Yes, no, or unkown) (Ifyes give war or detes of service) trice Shereshevsky 16 0618 Above permit. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH ō PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if any, which gava rise to immediate cause DUE TO the bur burial, (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [(a)] 19. WAS AUTOPSY CERTIFICATION ₩ Q PERFORMED use NO prior 200, ACCIDENT WAS UNDERLYING FT 20b. DESCRIBE HOW WIJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) may be retained by the h DIRECTOR: After this c should be detached for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) factory, street, office bldg., atc.) ō Hour a.m. Not While at work et work 21. I certify that (1) (this hospital) attended the deceased from.......196. C., and that death occurred at 314. M. from the causes and on the date stated above saw the deceased alive on..... 220. SIGNATURE 22b. DATE ATTENDING MED. SIGNED STAFF TU death. Page 4
TO FUNERAL
director, page 3
be filed with the PHYS. DIRECTOR PHYS. M.D. HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) National Capital Hebrew Washington. DC a. DEGISTRAR 25b. 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A1S (4) Bernard Danzansky & Sons Washington DC 20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08738 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death PLACE OF DEATH and campletely filled in by the funeral remove carban papers Pages I and n any event, within 72 haurs after deat 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) MARYLAND mont gomery c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 6 hours koma Park e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS NO 3 Shermar YES 3 NAME OF 4. DATE First Middle Last Day Year DECEASED SIMCOX 1960 (Type or print) DEATH June 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED los! burthdoy) Months Days Hours 1-20-88 DIVORCED WIDOWED 12 CITIZEN OF WHAT IGa LSHALOCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY House wite attending physical permit. Then ple 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remav Harve Hayes WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes no. or unknown) ((If yes give war ar dates of service Washing CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DHE TO burial Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the priartal Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT INDIT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION 3 should be detached far use with the State Dept. of Health YES COLLINO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year Hour a.m. Not While factory, street, office bldg., etc.) While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram_ 1966, that (I) (we) last 1906, and that death accurred at 920 M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR PHYS director, page should be filed 22c PHYSICIAN'S NAME (Type) LOCATION (City or Town) NAME OF CEMETERY OR CREMATOR' (County) (State) 23g BURIAL CREMATION. DATE THEREOF REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNSRAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1956



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 12 MAR CERTIFICATE OF DEATH and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY d in by the furs. Pages 1 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ILLI-R S daus d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ACCRESS 32 ON A FARM? Jap = NO 🔯 8/0 3. NAME OF alnerine OATE Month DECEASEO OF (Type or print) DEATH 19 (MOG JUM) 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNOER I YEAR HF UNOER 24 HRS last birthday) Months I WIOOWEO [OIVORGEO [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPYACE (County & State, or foreign country) physician INCUSTRY COUNTRY? eltare Louis, Missouri removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph Thomas Simpson Elizabeth Pennu 15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Eastern Avenue permit, or (Yes, no, or unkown) (If yes give war or dates of service) cremation. UNKNOWN Silver Spring 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial transit burial, cram ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) emorr uage 100 5 Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? YES NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) detached f te Dept, of 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) be de State I factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 3,0 the 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on 144-6 1966, and that death occurred at _M. from the causes and on the date stated above. 22a. SIGNATURE OATE SIGNED ATTENOING MEO. DIRECTOR June PHYS. PHYSICIAN'S 22d. **AOORESS** 20 6 corcia NAME (Type) 200 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. OATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Burral Italhalla Cemeteru Louis. Missouri 25a. REG'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL CIRECTOR ADORESS: Avenue VR A15 (4) ALUET DATING 20M 1/65



MARYLAND STATE PARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) etely filled in by the furbon papers. Pages 1 and within 72 hours after of a. STATE b. COUNTY Montgomery Virginia MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda days Norfolk d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE DN A FARM? The Clinical Center, Bethesda, Maryland 1415 Lead Street NO X YES | | etely within completely ve carbon NAME DE First DATE Middle Month Year 4. Day DECEASED DF DEATH event, 1 (Type or print) 1966 Dorothy Mae Smallwood June executed 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Davs Hours any Female Negro WIDOWED [OIVORCED [30 September 1925 40 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY physicien in please) r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? Housewife North Carolina IISA 13. FATHER'S NAME MOTHER'S MAIDEN NAME Cassinda (Unknown) Tommy Bond 15. WAS OFCEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITYNO. 17. INFORMANT The Medical Records 5 cremation, The Clinical Center, Bethesda, Maryland No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] been signed by the the burial-transit or to burial, cremati INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: Uremia 2 weeks IMMEDIATE CAUSE (a) DUE TO Hydronephrosis and Hydroureter Conditions, If any, which 2-3 months (b) gave rise to immediate DUE TO cause (a), stating the has be as th prior t Carcinoma of the Cervix underlying cause last. years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? certificate CERTIFICAT YES X אס 🗆 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) o, r this cert detached OR CONTRIBUTING [] CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work at work 18 May 19 66 to 17 June 19 66 that 20 (we) last 21. I certify that NO (this hospital) attended the deceased from. DIRECTOR: age 3 should June 1966 and that death occurred at 1:45 M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22h. DATE SIGNED page MEO. STAFF PHYS. F June 18, 1966 M.D. TO FUNERAL 22d. AOORESS The Clinical Center, National PHYSICIAN'S NAME (Type) 22C. rector, pould be Farmer. Jr. M.D. Institutes of Health, Bethesda, Maryland Joseph C. 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Windsor. 1966 Cedar Landing June Burial 25b. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR 25a. REC'D BY REGISTRAR I VR A15 (4) 20M 1/65

* 5A.*

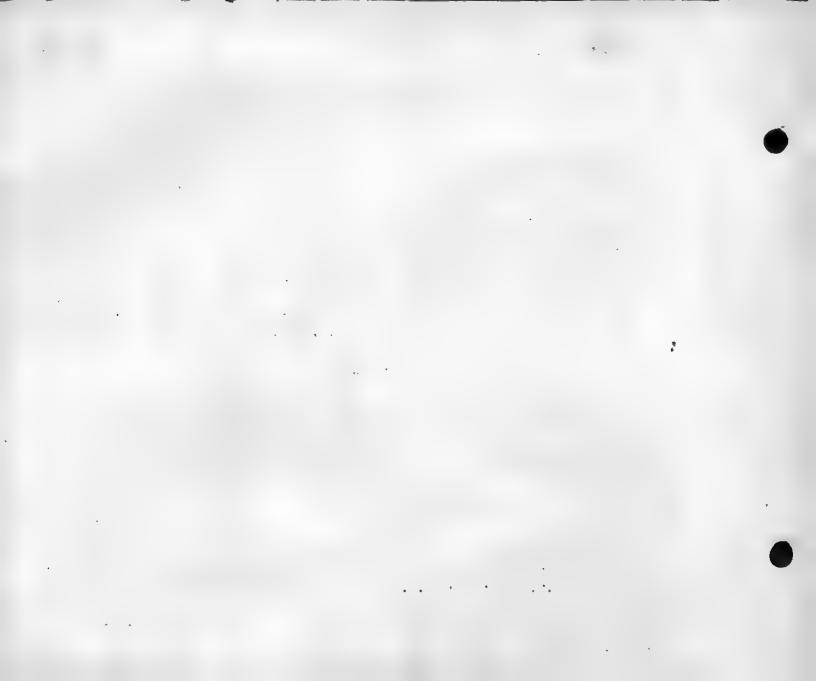
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08729 08733 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the attending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages I and nation ar remayal, and in any event, within 72 haurs after deat 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. CDUNTY o. STATE Montgomery Maryland Montgomery MARYLANO b. CITY DR TDWN (if outside corporate I mits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural) 2 Davs Rockville. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? YES NO X U.S.Naval Hospital 536 Beall Ave 3 NAME OF Middle Lost 4 DATE Day DECEASED (Type or pant) Susie Smith DEATH Estella. 19 66 IF UNDER 24 HRS. June JF UNDER 1 YEAR 9. AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Dovs Hours WIDDWED DIVORCED 26 3117 1914 Female Cauc. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT 10o USUAL OCCL PATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even fretired)
C&P Telephone Co. COUNTRY? Retired Carolina County, Virginia US 13. FATHER'S NAME Woodford Hilton Sirles Mary Laura Pugh IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 536 Beall 外轮. 223 09 1344 ThomasR.Smith Rockville.Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH subarachnoid hemorrhage IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMEO? YES -NO F ō 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (i) (this haspital) attended the deceased from June 23 , 1966, to June 25 , 1966, that (i) (we) last Page 4 may be retained . 1966, and that deoth occurred at 12:25M,PMm couses and on the date stated above. sow the decessed alive an June 25 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR June 25,1966 M.D. PHYS 22d. ADDRESS 22c PHYSICIAN S G.W.West M.D. U.S.Naval Hospital, Bethesda, Md. NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Arlington Va. June 29,1966 Arlington National Cemetry Arington 24. FUNERAL DIRECTOR 1331 Rockville Pike Tyson Wheeler Funeral HomeRockville, Md 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08730 08740 by the funeral Pages 1 and 2 death, death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY n. STATE ve carban papers Pages 1 event, within 72 haurs after MARYLAND requires that the death certificate be executed within 24 haurs after c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits write RURAL and give negrest town the attending physician and campletely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X remave carban NAME OF Lost DATE Doy Year DECEASED DEATH 19 66 (Type or print) S SFX AGE IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH (n years Months lost birthdov) Days WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during popst of working life, even if retired) INDUSTRY 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I DEATH WAS CAUSED BY. burial-transit signed by IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO use as the lath priar ta E stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Realth p NO ja 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) <u>af</u> detached (IF EITHER, NOTIFY MEDICAL EXAMINER the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. factory, street office bldg., etc.) Not While ot work at work 21. I certify that (I) (this hospita) aftended the deceased from 19.06 that (i) (we) last shauld M. from louses and on the date stated above and that death occurred of saw the deceased alive an 22b. DATE SIGNED 22o, SIGNATURE **ATTENDING** director, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 831 NAME (Type) 23c NAME OF CEMEJERY OR CREMATORY 236 BURLAN CREMATION 23b DATE THEREOF LOCATION (City or Town) (Stote) 250. KEE U BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)



	1	MARYLAND STATE DEPARTMENT OF HEALTH
- Anna	(AA)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	# EZ#	OE74% CERTIFICATE OF DEATH 08731
	death.	1. PLACE OF DEATH a. COUNTY a. COUNTY a. COUNTY a. COUNTY
	after the f es 1 after	Maryano MARULANO MARYANO MARYANO MARYANO MARYANO
	rs afte by tho Pages ars afte	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) SI VER Spring DRING DAGIL SI VER Spring
	hours after death d in by the funeral rs. Pages 1 and 2 hours after death	Silver Spring 2days Silver Spring /
	24 hd filled papers, in 72 h	d. NAME OF HOSPITAL DR'INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
	y fill	HOLY CROSS HOSPITAL 19039 Sligo (PEEK PKWAY, YES NOW
	executed within 24 hours after n and completely filled in by the premove carbon papers. Pages 1 in any event, within 72 hours after	3. NAME OF First Middle Last 4. DATE Month Oay Year DECEASED 100
	d w mpl car ent,	(Type or print) //ARGARET 3. DURE DEATH JUNE 29 1966
	cute ove ove y ev	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Oays Hours Min.
	exect and remo	FEMALE WIDOWED OVORCED 11-6-17 88 yrs.
	be sian se in	10a. USUAL OCCUPATION (Give kind of work done 10b. MIND OF BUSINESS OR during most of working life, even if retired) 11b. MIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	tificate be e	Rousewife Own Home Scotland U.S.H.
	ifice en a series	
	din din	Robert Jurner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
	# ## ## ##	(Yes, no, or unkown) (If yes give war or dates of service)
	dea he a per tion	No None Yes Robert J. Snure Silver Spring, Md.
	The law requires that the death certificate be executed within or attending physician. Late has been signed by the attending physician and completely r use as the burial-transit permit. Then please remove carbon ealth prior to burial, cremation, or removed and in any event, with	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Acute myocardial infarction
	cian cian ed l ed l tral	PART I. DEATH WAS CAUSED BY: Acute myocardial infarction (S / Y ONE TO
	hysi hysi sign rial rrial	Conditions If any which I
	en Po	gave rise to immediate (
	aw requitions that the tast to tast the tast to tast the tast tast tast tast tast tast tast tas	cause (a), stating the current of stomach cause last.
	law requires that tatending physician. I has been signed been stand the burial-transh prior to burial, cre	
	CIAN: The la ospital or ati certificate h hed for use t. of Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) (If ELTHER, NOTIFY MEDICAL EXAMINER)
1	=	20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
- {	PHYSICIAM: The the hospital or this certificate detached for us to Dept. of Healt	
	the hot this detack	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work
	TTENDING PF tained by th TOR: After t should be de th the State	Hour a.m. While Not While at work at work p.m. Not While at work at work p.m.
	ATTENDING retained by CTOR: After should be vith the Stat	21. I certify that (I) (this hospitel) attended the deceased from 6/26, 19/66 to 6/29, 19/66, that (I) (we) last
	L OR ATTENDI y be retained DIRECTOR: A age 3 should ifed with the	saw the deceased alive on, 6/28 1966, and that death occurred and 28 MM, from the causes and on the date stated above.
		22a. SIGNATURE 22b. OATE SIGNED
		M.O. PHYS. M.O. PHYS. DIRECTOR PHYS
	PITA T m Por De	22c. PHYSICIAN'S NAME (Type) A.F. Thibadeau, M.D.
	O HOSPITAL OR Page 4 may be O FUNERAL DIRE director, page 3 should be filed v	
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify)
		24. FUNERAL DIRECTOR 1.25a. REC'O BY REGISTRAR 1.25b. REGISTRAR'S SIGNATURE
	VR A15 (4)	AUTHOR DECIMENTS OF SHOP LANGE OF THE TOTAL STATE OF THE
1	2DM 1/65	Warner & Fumpkrey, Inc. Silver Spring, Mar DATE OF 1000



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery after Virginia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) letely filled in by the room papers. Pages 1, Within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours 56 days Bethesda Alexandria d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 74 The Clinical Center, Bethesda, Maryland 724 Lee Avenue NO IX letely within NAME DE First DATE Middle Month Year Day DECEASED (Type or print) DF DEATH rand complei remove carb n any event, j Priscilla Evelyn Solga 19 66 June executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months i Days Hours White Whowed Divorces

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NDUSTRY DIVORCED [October 1916 d by the attending physician a ransit permit. Then please recemation, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be **COUNTRY?** Housewife North Dakota USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Sharp John Martin Burns 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 17. INFORMANT The Medical Record 16. SOCIAL SECURITY NO. death The Clinical Center, Bethesda, Maryland No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial, creati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Metastatic carcinoma of Pancreas Months IMMEDIATE CAUSE (a) DUF TO 1 Year Conditions, If any, which (b) Gluten sensitive enteropathy been gave rise to immediate 유유 DUE TO cause (a), stating the underlying cause last. has (c) NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICAT YES X NO 2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part 11 of Item 18.) detached for the Dept. of I MEDICAL 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While at work at work OR ATTENDIN 21. I certify that A (this hospital) attended the deceased from April , 1966, to June 1 . 19 66 . that 30 (we) last __19_66_, and that death occurred a 2:05 M, from the causes and on the date stated above. saw the deceased alive on June 1 22b. DATE SIGNED 22a: 7SIGNATURE page ATTENDING STAFF PHYS. X 2 June 1966 DIRECTOR M.D. director, pa Clinical Center, National PHYSICIAN'S ADDRESS The 22c. NAME (Type) Institutes of Health, Bethesda, Md. William D. Heizer. MD BURIAL, CREMATION, 23b, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BUT 18. (Specify) June 6.1966 St. Mary's Cemetery Alexandria, Virginia 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS Alexandria. FUNERAL DIRECTOR Virginia Wm. Demaine & Son VR A15 (4) Funeral Home 20M 1/65



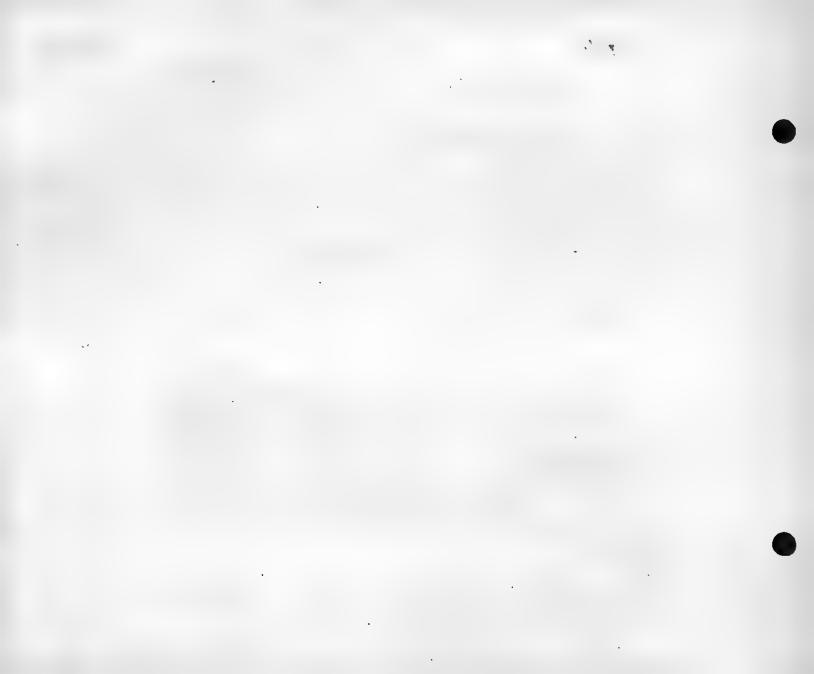
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH signed by the ottending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and event, within 72 hours after death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MONTGOMERY MONTGOMERY O. STATE MARYTAND MARYLAND b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) yrs. BURTONSVILLE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 14612 Perrywood Dr. Perrywood Dr. YES NO 🔼 3. NAME OF Middle 4 DATE Lost Month DECEASED (Type or print) SOUTHWELL WILLIAM June 1966 DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED birthday) Hours March 26, 1877 caucasian Male WIDOWED -DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during mas pewerting believen if retire 132 1m Excutive Ex COUNTRYTISA Brooklyn, New York 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Henry Southwell (deceased) Jane Kavit (deceased) 16. SOCIAL SECURITY NO 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na agrunknown) (If yes give wor or dates of service) 086-07-7979 Mr. Francis Matier, same as #2 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse hos been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO K O FUNIRAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) Hour a.m. factory, street, affice bldg., etc.) Nat While of work the deceased fram _______, 19_65, to _______, 1966 that (1) (we) last _______, and that death accurred at _______, M, from causes and an the date stated above. 21. I certify that (I) (this hospital) attended the deceased fram_ director, page 3 should should be filed with the saw the deceased alive on, 6 -220 SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. M 22d. ADDRESS 22c PHYSICIAN'S J. / JOSEPH COLLINS Moin St. NAME (Type) 614 23o. BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAT (Apporty) 13.1966 Gate of Heaven Cemetery. June Valhalla. New York 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) Harold S. Wade, 550 Wash, Blvd., Laurel, Maryland 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08744 CERTIFICATE OF DEATH poth. requires that the death certificate be executed within 24 hours after death. i. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) attending physician and completely filled in by the funeral permit. Then please regasse carbon papers. Pages fond MARYLAND CITY OR TOWN (If outside cargorote limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 OR TOWN (If outside carparate limits, write RURA) and give nearest fown) popers. d STREET ADDRESS IS RESIDENC ON A FARM: NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol, give street oddress YES NAME OF Middle DATE Last Month Day Year DECEASED OF DEATH (Type or print) SEX 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIED AGE (In years birthday) Months Days Hours WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHA ond in during most of working life, even if retired) Own Home COUNTRY? A forballows 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME crematian, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service) None 18. CAUSE OF DEATH (Enter only one cause per lote for (o), (b), and (c).) INTERVAL BETWEE signed by the buriol-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** os the burial. Conditions, if only, which gave rise to immediate cause (o), **DUE TO** stoting the underlying couse this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) for use CERTIFICATION director, page 3 should be detached for use should be filed with the Stote Dept. of Health YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Horne, form, (City or town) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED (County) (State) Hour o.m. factory, street, affice bidg., etc.) at work at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from _, that (I) (we) last and that death accurred at 2 saw the deceased olive on_n M, from touses and an the date stated obove. 22a. SIGNATURE DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Shapiro NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION, (County) (State) BUREMOYAL (Specify) Woodlawn Cemetery Baltimore. Maryland REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 ilver spring.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08745 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) attending physicion and completely filled in by the funeral permit. Then please remove carbon papers. Pages I and o. COUNTY 5. COUNTY MARYLAND outside corporate limits, write RURAL and give nearest town) OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 15 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS GARLA. YES NO [within NAME OF First Middle 4. DATE Month Losi DECEASED (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 3 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Jost birthdoy) Months Doys Hours You di buo WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY SOURT ETIPED 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SQCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dotes of service) HNRF burial, cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove (6) rise to immediate couse (a), DUE TO use as the lath prior to b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 3 should be detached far use with the Stote Dept. of Health NO OWO 20n ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While at work of work , 1966, to Jeene 27, 1966 that (1) (we) last 1966, and that deoth accurred at 245 PM, Fram causes and on the date stated obave. sow the deceased alive on. 22o, SIGNATURE 225. DATE SIGNED M.D. DIRECTOR director, page should be filed ADDRESS 22c PHYSICIAN'S NAME (Type) **LOCATION** (City or Tewn) (County)-(Stote) 23o. BURIAL, CREMATION MOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR BEC'D BY REGISTRAR VR A15 (4) 20 M 1/66



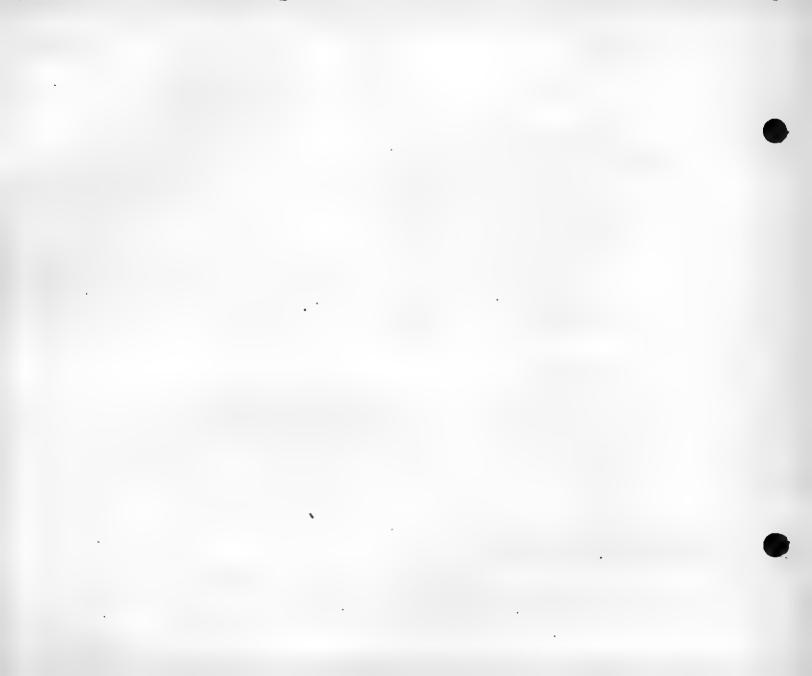
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08736 08745 law requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral nave carbon papers. Pages 1 and nave carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH p. COUNTY p. STATE b. COUNTY Montgomery Maryland MARYLAND Howard b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5 days Glenwood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Montgomery General Hospital YES 🔲 NO. 3 NAME OF 4. DATE Month Day Year Lost DECEASED William 19 66 Stinson June (Type or print) Henry DEATH and in any went AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 6. COLOR OR RACE S SEX 7 MARRIED **NEVER MARRIED** refinave Months lost birthdoy) Doys Hours 2/8/95 Male White WIDOWED DIVORCED physician and sine please remo 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if refired)

Tarmer & garage owner COUNTRY? INDUSTRY Howard, Maryland

14. MOTHER'S MAIDEN NAME United State farm and garage 13 FATHER S NAME William H. Stinson Estelle Roane 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cerebral Thrombésis week IMMEDIATE CAUSE (o) Arteriosclerotic Cardio-vascular-renal Disease 10 yrs plus Conditions, if any, which gove use to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the SD WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Diabetes Mellitus, Cirrhosis of Liver, Cholelithiasis, Multiple NO X be retained by the haspital ar 2DEDECTRE HOR DESCRICE RED (Enter Listure of injury in Port I or Port II of item 18) 200. ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH On injury (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While 21. I certify that (I) (this has stad) attended the deceased from More than 200 yrs to saw the deceased glive an June 25, 1966, and that death accurred at 10:178 , that (I) (Net) last 6/23/66 and that death accurred at 10:1 M. Hom causes and an the date stated obove. directar, page 3 sha shauld be filmd with 22b. DATE SIGNED 720. AIGNATUS ATTENDING June 26, 1966 M.D. PHYS DIRECTOR PHYS 9701 Church Street, Damascus, Maryland. 22c. PHYSICIAN'S M. McKendree Bover. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23b. DATE THEREOF (County) 230 BURIAL CREMATION, 6-28-66 Oak Grove Glerwood How are Md. 2Sb. REGISTRAR S SIGNATURE 250. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) Francis H. Barber Laytonsville, Md. Munice



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	ND
ج تو رد	08747 CERTIFICATE OF DEATH (187	37
er death. I and 1 and 2 er death.	1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a. SYATE b. COUNTY b. C	fore admission
urs after n by the f Pages 1 ours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give no write RURAL and give no arest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give no arest town)	
Let executed within 24 hours after sited and completely filled in by the lease remove carbon papers. Pages 1 and in any event, within 72 hours after	d. NAME OF HOSPITAL OR INSTITUTION (IE not in hospital, give street address) d. STREET ADDRESS Haly Cross Hospital 11603 Idlewood Rd YES	S RESIDENCE
executed within and completely remove carbon I any event, with	3. NAME OF First Middle Last 4. DATE Month Day	Year
ed w compli	DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTW 9. AGE (In years IFUNDER 1 YEAR IFUND	19 6 C UNDER 24 HRS
xecut and c emov any e	WIDOWED DIVORCED 3-2-95 7/yrs.	lours Min.
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cate.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Jing Jing Ther emov	UNKNOWN	
law requires that the death certificate be tending physician. The attending physician as been signed by the attending physicial as the burial-transit permit. Then please prior to burial, cremation, or removal, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1203 HIGH (Yes, 170, or unknown) (If yes give way or dates of sectice) 577-20-0256 EUGENE ALSTRIPPEY SILVER SE	HUBID V PK/NGA
the c i. by tho nsit p	DART I DEATH WAS CAUSED BY.	AL BETWEEN AND DEATH
that sician ed l	IMMEDIATE CAUSE (a) IRREVERSIBLE Shock	N K S'
w requires that ending physician as been signed tast the burial-trainifulor to burial, cri	conditions, If any, which gave rise to Immediate (b) acute Panckealitis	4RS
law requil attending las been e as the b	cause (a), stating the DUE TO underlying cause last. (c)	
The law or atte cate la cate la ruse a ealth pi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W.	AS AUTOPSY ERFORMED?
N. The tal or tifical for a for a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PE ARTERIO SCIEROTIC heart Disease YES [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 120b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	ио ⊠
PHYSICIAN: the hospital this certifi detached fo e Dept. of H		
க் வங்≪ வ	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officebildg., etc.) 20f. (City or town) (County) 3	(State)
ATTENDIN retained b CDTOR: Aft S should b vith the St	21. I certify that (I) (this hospital) attended the deceased from 4/15, 1966, to 6/19, 1966, that	
ATTI reta reta recto 3 sho	saw the deceased alive on 6/19 19.66, and that death occurred at 356 M, from the causes and on the date state of the causes and on the date state of the causes are stated to the causes and on the date stated to the causes are stated to the causes are caused at the causes and on the date stated to the causes are caused at the caused at the causes are caused at the cau	
PPITAL OR 4 may be in the correct of	Raymond T. Benset M.D. ATTENDING MED. STAFF 6/19/60 220. PHYSICIAN'S 22d. ADDRESS	6
O HOSPITAL Page 4 may O FUNERAL director, pa	NAME (Type) RAYMOND TI BENACK MO 4115 Colie PRIVE, Wheaton,	md_
TO HOS Page 4 TO FUNI directs should	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE.	(State) V (N)
VR A15 (4)	24. FUNERAL DIRECTOR DE L'S CO 8655 CADDRESS 125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CONTRACTOR OF SIGNATURE CONTRACTOR	2.
20M 1/65	JUN / 1960 / JUN / 1960	



	Division of STATISTICAL RESEARCH AND F	RECORDS, 301 W. PRESTON STREET, BALTIMORE, M	ARYLAND 21201
	08748 CE	RTIFICATE OF DEATH	08738
er death funeral l and er death	1. PLACE OF DEATH O COUNTY MONTGOMERY	MARYLAND /// CRUICANC	HOWARD
naurs after by the fu s. Pages 1 haurs after	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Takona Park 7	STAY IN 1b c. CITY OR TOWN (If autside corporate limits, wr	ite RURAL and give nearest town)
filled in papers.	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddre		e. IS RESIDENCE ON A FARM? YES X NO
completely fi	3 NAME OF FIRST Mid DECEASED (Type or ornet) Laura Vic	la Strother DEATH JU	Month Doy Yeor UNE 9 1966
execute and comp remove comp	Female White WIDOWED DI		loy) Months Doys Hours Min.
ate be ex ician and lease rem and in an		ame Virginia	1 12. CITIZEN OF WHAT COUNTRY? 2 United States
e death certificate b attending physician bermit. Then please an, ar remaval, and	Charles P. Bailey	14. MOTHER'S MAIDEN NAME O Virginia Be	est
ie death attendin permit. '	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 4 n known	V NO. 17. INFORMANT O Chart	Address
the the mati	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Torminate Torminate DUE TO	failure, acute : chro	INTERVAL BETWEEN ONSET AND DEATH
The law requires the attending physician. has been signed by se as the bural-trarth priar to burial, cre	Cond't.ons, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost.	à pyelonephritis	d-4+yrs
Page 4 may be retained by the haspital ar attending To FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be defached for use as the shauld be filed with the State Dept. af Health priar to	PART II. OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT &	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART -	(o) 19 WAS AUTOPSY PERFORMED? YES NO
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VG PHN the he r this c detacl ate Dep	20c TIME OF INJURY Month, Day, Year Hour o.m. 19 Of work of work of work of work of work of work	e foctory, street, office bldg , etc.)	wn) (County) (Stote)
R ATTENDIN retained by RECTOR: Afte 3 shauld be with the Ste	21. I certify that (I) (this hospital) attended the dece saw the deceased alive an19	eased from, 19, ta , and that death accurred atM, fram ca	uses and an the date stated abov
OR All be reto DIRECT She should be	220. SIGNATURE Charles R Alult	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	
O HOSPITAL OR ATTENDING PHYSICIAI Page 4 may be retained by the haspital O FUNERAL DIRECTOR: After this certifical director, page 3 should be defacthed for shauld be filed with the State Dept. af H	22c. PHYSICIAN'S NAME (Type)		Touris (Couris) (Couris)
TO HO Page TO FUI direc shau	230 BURIAL (REMATION, REMOVAL (Specially) 24 FUNERAL DIRECTOR ADDRE	OF CEMETERY OR CREMATORY CLASS BEEN BY REGISTRAD 12	or Town) (County) (Stote) Line (1. La., Sb. REGISTRAP'S SIGNATURE
VR A15 (4) 20 M 1/66	De Witt Durelson Laur	250 REGIO BY REGISTRAR DATE N 15 1966	Milarles Judge

MARYLAND STATE DEPARTMENT OF HEALTH



4	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	FOR STATE	08744 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (18739)
	HEALTH DEAT.	1. PLACE OF DEATH a. COUNTY b. COUNTY COUNT
	क्षेत्र हिंद्य	a. STATEMARYLAND a. STATEMARYLAND a. STATEMARYLAND b. COUNTY Montgomery
	delay is necessary, nd 3 to the funeral Page 5 may be State Department hours after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Fairway Hills ?? Fairway Hills
	The	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
•	lay is 3 to 1 Page trate Dours at	6300 Crathie Lane 6300 Crathie Lane ON A FARM?
	and 3. F	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF TOWN
	PM3.	(Type or print) JOHN GUICE SULTON DEATH June 20, 19 66
	er death. If ar live Pages 1, 2 i with form P with form P 1 and 2 with event within	M. 7 . I ast birthday) Months Oays Hours Min.
	deat Pag ith ith ent	102. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	fter Give g w g w	Engineer Gov't Alabama U.S.
	m 18. Ge along	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME
	File and a second	Stephen Sutton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wife Address
	in 24 s O 's O' it. F	(Yes, no, or unkown) (If yes give war or dates of service) 577-60-0650 Helen P. Sutton Same as Item 2.
	within 2 pencil in miner's o permit. I	1 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) 1
	Exam Exam Isit p	PART I. OEATH WAS CAUSEO BY: Coronary Insufficiency, Acute Sudden
	ecciding ding call call tray	Conditions is any which is
	be (pen) Medi Mrtial	Conditions, if any, which gave rise to immediate course (a) existing the DUE TO
	nief rief nief s a b	underlying cause last. (c)
	AL EXAMINER: This certificate should be executed within 24 hours after death. If any del the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. If files. Fig. 1988 3 should be used as a burial-transit permit. File pages 1 and 2 with the St designated agent, prior to burial, cremation, or removal, and may event within 72 ho	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PRIMARY Or CONTRIBUTING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
	ER. This certificate, writing 1 forwarded to 3 should be 1 agent, prior 1	20a. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF DEATH.
	This wr ward ward shoul	
	ER: Cate of age	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. p.m. 19 at work 21 work 21 work
	the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X, and in my opinion
4	L EXA he construction files. TOR: lesign	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
	TY MEDICA execute the Page 4 if for your RAL DIRECT IT or its d	ACTUAL SIGNATURE SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER JUNE 20, 1966 M.O. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	TO DEPUTY MEDICAL EXU please execute the condirector. Page 4 shour retained for your files. TO FUNERAL DIRECTOR: of Healt or its design	EXAMINER'S JOHN G. BALL DEPUTY MEDICAL EXAMINER DE Bethesda, Md. Address (Street, city, town, or county)
	O DEPUTY please ex director. retained i C FUNERA of HealtII	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Digital Digital	Burial 6/23/1966 Rock Creek Cemetery Washington D.C.
	VR A15ME 3500 4-64	Robert A. Pumphrey Bethesda, Maryland WIN 2 3 1966 fclorles Judge
	WVVV T'VY	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 68750 CERTIFICATE OF DEATH haurs after death The law requires that the death certificate be executed within 24 hours after death pup the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and nation, or remaval, and any event, within 72 haurs after deat I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside carparate limits write RURAL-and give flearest town) e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS NO YES 🗔 3. NAME OF Middle DATE Oav Year Last, **OECEASED** OF DEATH 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SFX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** -last birthday) Manths Oays Haurs WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? HOME 450 W.1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LONG IS WAS DECEASED EVER IN U.S. ARMED FORCES Address burial-transit permit. (Yes, na, ar unknown) (If yes give war ar dates af service) Inrial, crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line, for (a), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) O FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave nse to immediate couse (a), DUE TO stating the underlying cause age 3 shauld be detached for use as the filed with the State Dept. af Health prior ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) MEDICAL CERTIFICATION YES NO 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at work 1956, that (I) (we) last 196 3, ta 6-13 21. I certify that (I) (this haspital), attended the deceased fram. 1966, and that death accurred at M, fram causes and an the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS director, page shauld be filed ADDRESS 22c. PHYSICIAN S NAME (Type) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08751 and 2 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) D. COUNTY a STATE icion and campletely filled in by the fur tase remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND requires that the death certificate, be executed within 24 haurs after IDWN A autside carparate c LENGTH DE STAY IN 16 TOWN (If autside IS RESIDENCE ON A FARM? ES NO NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 73 YES NO F DATE OF DEATH NAME OF Middle Month Day Year DECEASED (Type or print) 19 IF UNDER I YEAR SEX DATE OF BIRTH AGE (In years IF UNDER 24 HRS 6 COLDR OR RAC NEVER MARRIED lost birthday) Manths Days Haurs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State or foreign country) physicion of hen predse i COUNTRY? during most of working life, even if retired) INDUSTRY Fareman 13 FATHERS NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remayal, signed by the attending phy burial-transit permit. Then WAS DECEASED EVER IN J S ARMED FORCES? 46 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 414-10-7531 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c) }-INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (o), DUE TO stoting the underlying couse director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) foctory, street, affice bldg., etc.) Hour o.m While Nat While at work at work 21. I certify that (1) (this haspital) attended the deceased from 5 - 19 196 (), that (1) (we) last and that death occurred at 620M, from causes and on the date stated above. saw the deceased alive our 22b, DATE SIGNED 22n SIGNATURE MED DIRECTOR ATTENDING STAFF M.D. PHYS PHYS 224 ADDRESS. 22c. PHYSICIAN'S Page 4 may NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o, BURIAL, CREMATION 23b. DATE THEREOF (County) (State) Burial Specify) Arlington Virginia 6/13/1966 **Arlington National** 2Sa REC'D BY REGISTRAR ADDRESS 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR acharles VR A15 (4) 20 M 1/60 Robert A. Pumphrey Bethesda, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08752 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) deaff o. COLINTY n. STATE Cy delay is 2, and 3 ta PM3. Page b City OR TOWN (If outs de carparote limits, write RURAL and give nearest town) VI GILLA c CTY OR TOWN (If outside carparate imits, write RURAL and give nearest tawn) C. FNGTH OF STAY IN 16 after SOUTH BOSTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e IS RES DENCE ON A FARM? haurs Pages 1, with form State | SILUTUAL. YES NO T 24 haurs after death 3 NAME OF 4. DATE Lost Month Doy DECEASED QF with the 8. Give (Type or print) 19 66 DEATH F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BRIN AGE (n years 7 MARRIED NEVER MARRIED F lost birthday) Months Dovs Hours LEGRO WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CTZEN OF WHAT during most of working life, even if retired)

TOBACCO WORKER INDUSTRY COUNTRY? FACTORY VT. GTUTA Examiner's pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within 9000 E Φ puo JALTUR LEE THAXTOR LASY BALLY 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service removal. LOTHER per PLOCLES FULERAL GOLD SOLBOST 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BYar IMMEDIATE CAUSE (o) practure, skull, compound, comminuted cremation, DUE TO Conditions, if ony, which gove Automobile Accident rise to immediate couse (a), DITE TO stating the underlying couse buriol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION NO 10 200 EXTERNAL CAUSE WAS PRIMARY SE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) Poge 4 should spenger in domp truck turned over and was throwen out 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) 5 may be retained for your fit FUNERAL DIRECTOR: Page 3 Health or its designated agen Not While factory, street, affice bldg., etc.) Md. Travil Mont. Hrah Way please exerute of work 21. I certify that I took charge of the remains described above, held on Autopsy 🔀 Inspection A Inquiry X1. ond in my opinion the funeral director. Accident 179. Natural causes Suicide 🗍 deoth resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTISAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMENER X Health or **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23o BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) 0 REMOVAL (Specify)
Removal 6/20/66 South Boston, Va. REGD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Lowe's Funeral Home 1966 Ocharles VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0.8743requires that the death certificate be executed within 24 haurs after death. ond completely filled in by the funeral remove carbon popers. Pages 1, and USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY MARYLAND C LENGTH OF STAY IN 16 CITY OR TOWN (If autside carparate nmits outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) SH126701 HOSPITAL OR INSTITUTION of not in hospital, give street address d. STREET ADDRESS IS RESIDENC ON A FARM? within 72 YES NO NAME OF LOST DATE Month Day Year OF DECEASED 26 6 19 Type or print DEATH IF LINDER LYFAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED hythdoy) yrs. Months Dovs Hours WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY 2 INDUSTRY piegs HOOSEWIF MOTHER'S MAIDEN NAME 17 INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give, war or dates of service cremation. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line signed by the buriol-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) physician. DUE TO MMED Conditions, if only, which gove rise to immediate cause (a) DUE TO use as the latter stoting the underlying cause be retoined by the hospital or ottending hos been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? for use Health p BETE NO this certificate 20o. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (County) (Stote) 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m factory, street, office bldg., etc.) While Not While of work pt work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. should and that death accurred at 6 A M, fram causes and an the date stated above 19 66 saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE M.D PHYS DIRECTOR PHYS. 22d._ADDRESS 22c. PHYSICIAN'S NAME (Type) URS director, should b 23c NAME OF CEMETERY OR CREMATOR) BURIAL CREMATION DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) TILINCOLN CREMATORS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATUR



	1/2			Division of STATISTICA		TAKYLAND STATE DET RCH AND RECORDS, 301			TIMORE, MARYI	AND 21201	
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a e	pel pel tian			18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY	r line for ((o), (b), ond (c).)				19	VTERVAL BETWEEN
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TEN	# PE			sow the deceased alive on Jur	ne 6	19 <u>66</u> , and that	t death occu	rred of <u>555F</u>	M, from causes		
AT	S R R E			22o. SIGNATURE			ATTENDING	MED.	STAFF	22b. DATE SI	
~ ~	ed 2 8 8		- 1	J. Zjinnem	en	M D). PHYS.	DIRECTO	STAFF PHYS.	X 1 mue	7, 1966
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or otherding physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or director, page 3 shauld be detached for use as the buriot-transit permit. Then please should be filed with the State Dept. of Health prior to buriot, cremotian, or removal, and it										
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	1 (M		MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 3:	E PARTMENT OF HEALTH 01 W. Preston Street, Baltimore, Marylan	
	2 -		CE755 CERTIFICAT	E OF DEATH	08745
r death.			PLACE OF DEATH a. COUNTY Montgomery MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution o. STATE b. COUNTY	Residence before admission)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	the mat		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. (c)	ma wide spread Metastasis	INTERVAL BETWEEN ONSET AND DEATH
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OR A	Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		220 PHYSICIAN'S	M.D. ATTENDING MED. STAFF M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS	15 JUNE 1966
SPITAL	4 may 4ERAL for, pa		/ NAME (Type) J. L. Snyder	U. S. Naval Hospital,	
OH OL	Page of Fug shaul		BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O REMOVAL (Speets) ### 9/6/66 Rest Haven	Wichita, Kan	sas
	VR A15 (4)		4 funeral Director Washington, D. Ouderess	25a. RECD BY REGISTRAR 1966 25b. REGIS	rans signature



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Montgomery b. COUNTY gomery the no. Months Mills and Land Color Mills and Land after MARYLAND by the Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b papers. 72 hours a write RURAL and give nearest town) hours Silver Spring, Maryland 3 days .= 4 Marigold Court d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE filled within 72 ON A FARM? 24 University Nursing Home ND FX executed within Metely 3. NAME OF Middle Last DATE Month Day OF DEATH DECEASED 1966 Walker June Tda. (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 5. SFX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED ast birthday) Months ! Hours I removing and Female WIDOWED TX DIVORGED ! 10a. USUALOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY

Taukirus Tailoring Bussiness Clothes 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? that the death certificate be Baltimore, Md. ed by the attending physi-transit permit. Then ple, cremation, or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Moses Pinerman 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, ng, or unkown) | (If yes pive war or dates of service) Morton Walker INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH been signed by the burial-transit or to burial, crema PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO CARCINOTIA. Conditions, if any, which (b) gave rise to immediate DUE TO ARCIND MA. (a), stating underlying cause last. (c) this certificate has detached for use as CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate higherctor, page 3 should be detached for use should be filed with the State Dept. of Health p. PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part | or Part | of item 18.) MEDICAL (State) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While at work at work be retained 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at AM. from the causes and on the date stated above. saw the deceased alive on. 19 66 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYSICIAN' 22d. ADDRES NAME (Type) Robert Kramer NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) Adas Israel Cemetery Washington 6-17-1966 Burial REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. FUNERAL DIRECTOR VR A15 (4) 15M 4-64



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	08757 MEDICAL EXAMINER'S CERTIFICATE OF DEATH BS747
HEALTH DEPT.	1. PLACE OF DEATH / 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)
	a. COUNTY MONTGOMERY. MARYLAND a. STATE MARYLAND b. COUNTY MONTGOMERY.
be the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town)
ma ma part	DETHESOLO Chevy Chase 20015
affe of the	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
delay is recessary nd 3 to the funeral Page 5 may be State Department hours after death.	SUBURBANO. 16/00 HILLANDALE NO. YES NO NO
after death. If any dela Give Pages 1, 2, and 3 og with form PM3. P. Amd 2 with the Sta og veent within 72 hou	3. NAME OF DECEASED (Type or print) RATHERINE GT. WALLER. DEATH JUNE 5 1966
ith. If a form p form p within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ath. ages for for t will	WIDOWED TEGAL September JAN 19-1943 23 yrs. 4 16 Hours Min.
er deal live Pag with with and deent	10a. USUAL OCCUPATION (Give kind of work done 10b. K(ND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rs after 18. Give along w Ress	SECRETARY HISCHALMERS WAShington D.C. U.S.A.
Se de la	13. FATHER'S NAME
14 ho Herr Office File and	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MOTHER Address BETHESOLA
in 2 's 0 it. I	(Yes, no, or unknown) (If yes give war or dates of service) 215-38-2935 DOUISE GRAVES 5129 MANNING DR.
within pencil in miner's permit.	1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). I
ted in p Exam Sit p	PART I. DEATH WAS CAUSED BY: SUBBIOCHNOIC HENDOSTRAGE.
uld be executed "pending" in if Medical Exan a burlal-transit cremation, or	DUE TO O Strong of An existing Carbers
be e pend fedic rrial- rmat	Rever lise to minimentate
a bu	cause (a), stating the DUE TO DIFFERY CARDEDITA /-
sho wor Chi	()
the word to the Chief to the Ch	PERFORMED? YES NO
This certifing e, writing privarded to should be sent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO PERFORMED? YES NO PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
is carde arde ould to pi	B CAUSE OF DEATH.
EXAMINER. This certificate should be executed within 24 hours as certificate, writing the word "pending" in pencil in Item 18. bould be forwarded to the Chief Medical Examiner's Office alongles. R. Page 3 should be used as a burial-transit permit. File pages signated agent, prior to burial, cremation, or removal, and interesting the pages of the pages of the page	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) 20f. (City or town) (City or town) (City or town) 20f. (City or town) (City or town) (City or town) (City or town) 20f. (City or town) (C
AINE Tiffic be age ted	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry , and in my opinion
EXAMINE e certific hould be iles. OR: Page signated	death resulted from: Natural causes \(\mathbb{Z}\), Accident \(\mathbb{Z}\), Suicide \(\mathbb{Z}\), Homicide \(\mathbb{Z}\), Undetermined manner
the the short file ccross design	CHIEF MEDICAL EXAMINER Bethesda, Md.
ry MEDICA execute the Page 4 i for your	SIGNATURE M.D.
TV ME exect Part of the orthograph of the orth orth orth orth orth orth orth orth	EXAMINER'S JOHN G. BALL DEPUTY MEDICAL EXAMINER X . 6/5/66
O DEPUTY MEDICAL EXAMINE lease execute the certific director. Page 4 should be retained for your files. O FUNERAL DIRECTOR: Page of Health or its designated	NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
of direction	Burial 6-7-66 Prospect Hill Cem. Washington, D. C.
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI5ME (5) 5M I/65	ROBERT A. TOTALINET, BELLESCH, MATYTAIN 8 1966 Charles Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Montgomery m. STATE b. COUNTY \$77£ MARYLAND deat b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 2 hours after Washington, D. C. executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1613 - 35th Street N.W Shannon Nursing Home papers. n 72 hou completely YES NO 3. NAME OF Middle 4. DATE Day DECEASED within (Type or print) Delbert Moody Wells June 1966 DEATH carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. and AGE (In years | IF UNDER I YEAR iasi birthday) event Months Hours male WIDOWED TT DIVORCED | attending physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U. S. A. Pennsylvania Retired

13. FATHER'S NAME Builder Then please 2 14. MOTHER'S MAIDEN NAME Unobtainable --Buckingham removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Washington.DC (Yas, no, or unkown) (Ifyesgivewaror datesofservice) + 35th St. N. Agatha W.Wilken- 1613 permit. attending physician. After this certificate has been signed by 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying the the hospital or cause last. use as t PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO for 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enlar nature of injury in Part I or Part II of (Iam 18,) Health detached be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) ŏ factory, street, office bldg., etc.) While Nat While Hour a.m. DIRECTOR: at work al work p.m. 21. certify that (1) (this hospital) attended the deceased from, State shoul Causes and on the date stated above. saw the deceased alive on...... and that death occurred at 22a SIGNATURE 22b. DATE ATTENDING MED. SIGNED HOSPITAL with # FUNERAL PHYS. 14 DIRECTOR PHYS. M.D. Page 22c. PHYSICIAN'S 22d. ADDRESS Silver filed v 9006 Colesville Road 23d. LOCATION (City, lown or county) 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY O à S REMOVAL (Spacify) Washington. D. C. Congressional Cemetery Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Hines Company Washington.D.C. VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. death the attending physician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY ease remove carban papers. Pages 1 and in any event, within 72 hours after MARYLAND c. LENGTH OF STAY IN 15 b. CITY OR TOWN (If outside corporate limits, agiside corparate limits, write RURAL and give represt town) write RURAL one give regrest town e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITALTOR INSTITUTION (If not in hosp-tol, give street oddress) d. STREET ADDRESS □ No ₽ YES NAME OF First Middle DATE Month Doy Year Lost DECEASED 0F (Type or print 19 DEATH YEAR IF JINDER 24 HRS SEX 7 MARRIED AGE (In years 6 COLOR OR RACE **NEVER MARRIED** lost birthdoy) Months Days Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT KIND OF BUSINESS, OR 10p. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) COUNTRY? during peast of working life, even if retired) 13. FATHER'S NAME _MOTHER S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no grunknown) (If yes give war or dates of service) þ cremation. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO burial, Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 3 should be detached far use as the with the State Dept. af Health prior to lost WAS AUTOPSY PERFORMED? CONDITION GIVEN IN PART 1(a CONTRIBUTING NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour a.m foctory, street, office bldg., etc.) Not While OR ATTENDING ot work 21. I certify that (1) (this haspital) attended the deceased from. and that death accurred at 2 M, fram causes and an the date stated above saw the deceased alive on 22b. DATE SIGNED 220 SIGNATURE M.D. PHYS. be filed 22d. ADDRESS 22c. PHYSICIAN S. NAME (Type CONNECTIO director, should 23c. NAME OF CEMETERY OR CREMATORS BURIAL, CREMATION 23b DATE THEREO 23da LOCATION (City of Town) REMOVAL (Specify) 25o. REC D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25b. VR A15 (4) 20 M 1/66



L. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, il institution, Readers before admit except the country of the country o		MAI DIVISION OF STATISTICAL RESI	RYLAND STATE DEP EARCH AND RECORDS.	ARTMENT OF I	HEALTH STREET, BALTIMOR	E 1. MARYLAND
B. CITY OR TOW'N (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOW'N (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOW'N (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOW'N (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOW'N (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOW'N (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOW'N (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOW'N (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOW'N (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOW'N (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOW'N (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOW'N (if outside corporate limits, write RURAL and give nearest town) D. STATE OR OR STRITUTION (if not in hospite), give street address) D. MANDE OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. STATE OR DRATH D. STATE OR DRATH D. AGE (in years IF UNDER TYRAR) D. AGE (in		08760	CERTIFICATE			08750
WITH RULAL and give necessit fown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) JIMPAL AND CALL	1.	b. CITY OR TOWN (if outside concrate limits.		. STATE /// FIFTY //	Fixed b. COUN	TRINCE GED.
S. SEX G. COLOR OR RACE 7, MARRIED NEVER MARRIED S. DATE OF BIRTH S. DATE OF		write RURAL end give neerest town)	. 1	d. STREET ADDRESS	ŝ 1:1/1	e, IS RESID ON A FA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS AUTUS OR CONTRIBUTING COUNTRIBUTING COUNTRIB	3.	(Type or print) LAUAA	REBECCA	white	4. DATE Month OF DEATH	Dey Year 30 1966
13. FATHER'S NAME 14. MOTHER'S MANDEN MANDE	10	emale White WID	DOWED DIVORCED J	uly 15, 1876	last birthdey) S 9 yrs.	Months Deys Hours A
15. **AS DECEASED EVER IN U.S.** ARMED FORCES?* (res, no, or unknown) (If yesgive-were orderes) fearnics) 16. SOCIAL SECURITY NO. 17. INFORMANT Robert B. White Sr. 6608 deceased live on. 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)		FATHER'S NAME	Own Home			USA
Conditions, if eny, which gave rise to immediate cause (b). DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTO PERFORM YES NO OR CONTRIBUTING DOBE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTO PERFORM YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer While Not While et work et work et work et work et work et work et work. 21. I certify that (I) (this word at all of the deceased from the deceased from the causes and on the date stated at 22e SIGNATURE 22e SIGNATURE A.D. ADDRESS 22d. ADDRESS 22d. ADDRESS	15 (Y	es, no, or unkown) (lifyesgivewerordetesofservice)	Ro	NFORMANT	_ Sr 6608 11	rille, Md.
PERFORM YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING 20c. AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 40c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sie fectory, street, office bldg., etc.) p.m. 21. I certify that (I) (this house) attended the deceased from 19.00, that (I) (Sie saw the deceased alive on 19.00, and that death occurred at 19.00, from the causes and on the date stated at 22e SIGNATUR ATTENDING MED. 5TAFF PHYS. 22b. D PHYS. 22d. ADDRESS		Conditions, if eny, which geveruse to immediate cause (e), stating the underlying cause lest.	tripserdic of	erulmeph	ulas disea	10 year
21. I certify that (I) (this house) attended the deceased from	CERTIFICATION	20a, ACCIDENT WAS UNDERLYING 20b				PERFORMI
saw the deceased alive on	MEDICAL	Hour e.m.	While Not While fectors work et work	ory, street, office bldg., etc.)	20f. (City or town)	11
NAME (Dype)		saw the deceased alive on	1. 719 (e.l.b., and that	death occurred at //// ATTENDING ME PHYS. DIR	D STAFF	and on the date stated ab
	24	F. Gasch's SON	S HVE TSUIL	E N 2 256. 301	27 1965	Clarles Judge



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STARE	CE76: MEDICAL EXAMINER'S CERTIFICATE OF DEATH (18752
HEALTH DEPT	PLACE OF DEATH STATE
\$500 Ed	Montgomery Maryland Montgomery
essary, funeral nay be Department after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
fr fr epar ter	Jakoma Park D. O. A. Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
s to D	Washington Sanitarium and Hospital 14600 Claude Lane YES NO TX
delay nd 3 i. Pa	3. NAME OF First Middle Last 4. DATE Month Day Year
25 E 25 E	OF (Type or print) Francis Jurner Williams DEATH June 29 19 66
tth. If al form P form P 2 with within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
age h fo	Male White Widowed Divorced 766.6.1907 59 yrs.
offer death. If Give Pages 1, ng with form 1 and 2 with event withlife withlife and 2 with the count withlife and 2 withlife withlife and 2 withlife and 3 w	10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? U.S. A.
rs after des 18. Give Pa along with gest and n any event	Bricklayer Construction Washington, D. C. U. S. A.
them 18 ffice all ffice all file page	Edward Williams Ella Turner
2 0 0	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, po, or unknown) (If yes give war or dates of service) 110 Security No. 17. INFORMANT (Yes, po, or unknown) (If yes give war or dates of service) 110 Security No. 17. INFORMANT
E-8 22	No None 3/9-24-3308 Dorothy E. Williams Silver Spring. Md.
is certificate should be executed with writing the word "pending" in minci arded to the Chief Medical Examiner buld be used as a burial-transit perm prior to burial, cremation, or remo	18. CAUSE OF DEATH [Enter only one cause per line for (2), (b), (0)(c).] PART I. DEATH WAS CAUSED BY:
d be executed "pending" in Medical Exar burial-transit cremation, or	17 C DUE TO CONTROL OF THE TO CONTROL OF THE TOP OF THE
"pending" "pending" Medical burial-tran cremation,	Conditions, if any, which) (or mary Cirtary Heart Wiscase.
ld be "pe "pe buri	gave rise to immediate cause (a), stating the DUE TO
shoul rord Chief as a	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
the word the Chi-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
ng the forter to	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
s ce writin	208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CAUSE OF DEATH.
EXAMINER. This certificate should be executed certificate, writing the word "pending" in hould be forwarded to the Chief Medical Examiles. 18. Page 3 should be used as a burial-transit is signated agent, prior to burial, cremation, or is signated.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work at work
iffica iffica be f	p.m. 19 at work at work
EXAMINE the certificates should be ir files. CTOR: Page designated	21. I certify that I took charge of the remains described bove, held an Autopsy, Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes X Accident, Suicide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
your starts	ACTUAL SCHOOL SCAPE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
f a sec	EXAMINER'S BOLDON DEPORTS M. D. COEPUTY MEDICAL CHAMINER & 6/30/1966
please exe director. P retained fo D FUNERAL of Health o	NAME (Type) & CLOE (Y Address (Street, City, fown, or county) 232. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
of direction of a second	Burnal (Specify) July 2, 1966 Cedar Hill Cemetery Suitland, Maryland
S.	24. FUNERAL DIRECTOR JOHN ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR AISME (5)	Warner E. Pumphrey, Inc. 8434 Georgia Avenue DATE JUL 5 1966 Plumber Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death hours after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Montgomery Maryland Montcomery

c. CITY DR TDWN (If outside corporate limits, write RURAL and Rive nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b etely filled in by the bound papers. Page within 72 hours a Bethesda Bethesda

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 5062 Park Place ND X 5062 Park Place YES mpletely carbon p NAME DE First Middle DATE Month Year Day Last DECEASED IAM DF event, 1 WISE 196 DEATH gompl (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS. 9. Permove 7. MARRIED X NEVER MARRIED and any Male White 9-13-1901 WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY .≘ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT d by the attending physician ransit permit. Then please cremation, or removal, and in COUNTRY? U.S.A. death certificate be Retired Washington. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Pa trick Mary EmmaBurroughs Wise 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITYNO, | 17. INFORMANT 2754 Adwoodley Place (Yes, no, or unkown) (If yes give war or dates of service) Wash. D. Siskon. 579-16-525 Charles CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the been simed by the bur I-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 attending physician. IMMEDIATE CAUSE Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULIND TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). for use Health PERFORMED? certificate PHYSICIAN: The the hospital or DESCRIBE HOW INJURY OCCURRED. (Enter mature of Maury 2Da. ACCIDENT WAS UNDERLYINGV In Part | or Part || of Item ŏ be detached State Dept. of DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc., DIRECTOR: After tage 3 should be de Hour a.m. Not While at work OR ATTENDING F at work p.m. 21. I certify that (1) (this hospital) attended the deceased from 19 00, and that death occurred at M. from the causes and on the date stated above. saw-the deceased alive on SIGNATURE page ATTENDIA PHYS. DIRECTOR M.D. o FUNERAL I director, pa should be fil HOSPITAL PHYSICIAN'S NAME (Type) 23b. DATE THEREDE CEMETERY OR CREMATORY LOCATION (City, town OR COURTY) (State) BURIAL, CREMATION. 23a. REMOVAL (Specify) 2 MethodistChurch Burial 7-4-1966 emeter Pot RAR 256. REGISTIAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Sons 56 19 S Ave. VR A15 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission) a. COUNTY L'COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside-eerporate limits, write RURAL and give nearest town) write RURAL and give nearest town) .57 carbon papers. Pages I PThesda d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARMI m, Ta YES NO D 3. NAME OF Middla 4. DATE DECEASED OF (Type or print) Belle DEATH 19 66 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER I YEAR B. DATE OF BIRTH IF UNDER 24 HRS last birthday) any event, 15. Oct WIDOWED DIVORCED [eam remove physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Washington D. C. homemaker none چ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending and à Patrick Francis Sheedy Louisa Lucas removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no, or unknwn) | (If yes give war or dates of service) the attending physician. signed by 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY. ひつつご IMMEDIATE CAUSE (a) cremation, burial-transit 4 040 DUE TO After this certificate has been Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying ş the hospital or cause last. 300 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa). 19. WAS AUTOPS' 0 CERTIFICATION PERFORMED? use prior NO 20m. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached for 20b. DESCRIBE HOWINJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of Health be retained by 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 Month, Dey, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While While Hour e,m, DIRECTOR at work at work should State ...19. And that death occurred at DM, from the causes and on the date stated above. saw the deceased alive on...... may 27a. SIGNATURE 22br DATE ATTENDING SIGNED FUNERAL HOSPITAL PHYS, DIRECTOR PHYS. M.D. 22c. PAYSICIAN'S 22d. ADDRESS TO FUNE director, 1 MAME (Type 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMQVAL (Specify) Arlington une 1966 Nat. Cem Arlington 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE JOS EPH GAWLERS VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08755 CERTIFICATE OF DEATH 08764 law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. STATE b. COUNTY o. COUNTY Montgomery MARYLAND c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 Kensington Washington. D.C. 15 RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Kensington Gardens Sanktariam 4201 Mass.Ave., N.W. YES NO-X 3. NAME OF Middle 4 DATE First Last Month Year DECEASED (Type or print) Μ. Witt OF DEATH 66 June Lorena IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years 7. MARRIED NEVER MARRIED 7 Jost birthday) Hours Sept. 28, 1891 White Female WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

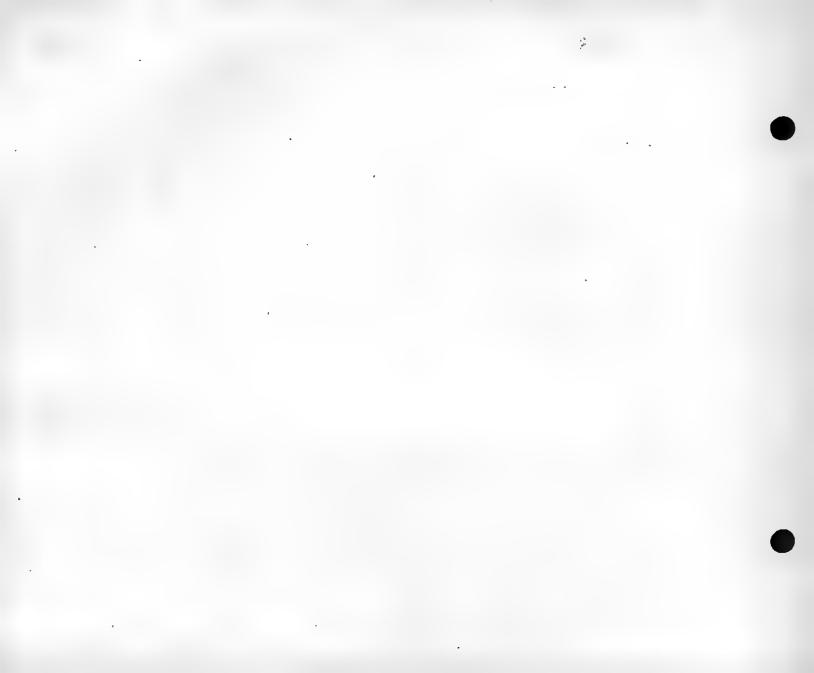
HOUSEWIFE 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? **INDUSTRY** Arizona II.S.A none 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME E.O. Kennedy. Elizabeth Phelan 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war ar dates af service) 16. SOCIAŁ SECURITY NO. 17. INFORMANT 4201 Mass. A # 6055 N.W. Mrs. Nellie K. Ferguson, no INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar ta last. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO XX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Not While at work , 19 6 (Hiat (I) (we) last 21. I certify that (I) (this haspital) aftended the deceased from _____ 1,1966, to 6 director, page 3 should should be filed with the 19.4.6. and that death occurred at 4.55.2M, from causes and on the date stated above saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE-ATTENDING PHYS June 21 DIRECTOR PHYS MD. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 4977 Battery Lane Bethesda Md 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, 23b DATE THEREOF Bu PMP (从公理afy) 23,1966 Mt. Olivet Cemetery ADDRESDIST. Of Col 250. REF. BY REGISTRAR ZSD. REGISTRARS SIGNATURE **JUNEBAL DIRECTOR** VR A15 (4) 20 M 1/66 1966 4 2222Wis.Ave.N.W.Wash.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral amd 2 PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY 24 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) emove carbon papers. Pages any event, within 72 hours af c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? ND X YES letely executed within NAME DE First Middle Last DATE Month DECEASEO Wood 1966 (Type or print) DEATH AGE (In years | IFUNDER 1 YEAR IF UNDER last birthday) | Months | Davs | Houre 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH NEVER MARRIED and WIDOWED attending physician ar ermit. Then please re on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) COUNTRY? INDUSTRY 1010 FATHER'S NAME MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or turkown) (If yes give war or dates of service) cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUE TO Cenditions, If any, which 1 gave rise to immediate as the I DUE TO cause (a), stating the underlying cause last. has as CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? certificate YES [ND [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) be detached for State Dept. of F MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME DF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While After 19 at work at work should ith the S TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 10.36 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR M.D. HOSPITAL 22¢. PHYSICIAN'S ADDRESS NAME (Type) EASTMAN 23c. NAME OF CEMETERY DR CREMATORY BURIAL, CREMATION, 23b. DATE THEREDF 23d. LOCATION (City, town or county) 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REG SONS WASH., VR A15 (4) 20M 1/65



7°	N	Items 18-21 Film G37 9 7/ AMARYLAND STATE DEPARTMENT OF HEALTH
	M	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STAT		08766 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08757
	EPT.	PLACE OF DEATH 2 USUAL RESIDENCE (Where receased eved, if institution Residence before admission) 5 (OUNTY)
y 15 1 to 0ge	青	MONTGOMERY MARYLAND Maryland Prince George
ony delay is 2, and 3 to p. P.M.3. Page	ter de	b City DR TOWN (If outside corporate) mits, c ENGTH DF STAY IN 16 (III), QR TOWN (House de corporate imms, write RJRAL and give nearest town)
F S J	event within 72 haurs after death	d NAME DE HOSPITAL OR INSTITUTION (I not in hospital give street address de 15 RESIDENCE 3617 Kirkwood Place YES NO
hours ofter death. If of the last size a land with farm	in 72 h	3 NAME OF Fist Middle Last 4 DATE Month Day Year DECEASED (Type or point) HERALA JOSEPH WORKMAN DEATH 6 8 1966
ours ofter m 18. Gr fice alang	with	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED B DATE OF BRTH 9 AGE (n years lost b sthday) Months Days Hours Mit
hip 24 hours	y ever	10a USUAL DCCUPATION (6 ve kind af wark done during most of warking life, even if retired) 10b KIND OF BUSINESS DR 11 BIRTHPLACE (State ar fore gn country) 12 (ITIZEN DF WHAT COUNTRY? None Penn. 12 (ITIZEN DF WHAT COUNTRY? U. S.
	in any	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
l within pender Examinate Plans		Joseph L. Workman Rita Lynagh
ted to		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT 17. INFORMANT 18. WORKMAN Address Address
executed nding" ii Medical		TO TOTAL TOROUTE WOTHER WE HAVE OBVILLED.
be execute "pending" nief Medical	is l	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART DEATH WAS CAUSED BY ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
A Paragraphic Services of the	5 6	7 2 4 4 DUE TO
wa the	ation /	Canditions, if any, which gave) (b) in pool.
te should be e the ward "per I to the Chief A	Le Li	rise to immediate couse (o), stating the underlying cause DUE TO
certificate should writing the ward rwarded to the Ch	S =	lost. (c)
This certificate should be executed within icate, writing the ward "pending" in pertable farwarded to the Chief Medical Example to burial-transit nermit Florades	to burial, cremation, or remaval,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PREFORMED? YES NO
	its designated agent, prior 1	PREFORMED? 200 EXTERNAL CAUSE WAS PRIMARY CROIC CONTRIBUTING 20b DESCRIBE HOW, INJURY, OCC. RRED. (Enter nature of injury in Port II of item IB) Deceased, drinking, unable to get back to shore after swimming.
	ent,	20c TIME OF IN. JRY Month, Day Year 20d INJURY DCCURRED 20e PLACE OF INJ.RY (Home, form 20f (City or town) (County) (State)
L EXA/ lecute t Page 4 lar you		Ja Ja Harris and Control of Mark 150 and 100 a
AL EXAMIN execute the ir. Page 4 st of far your fil	ate	21. I certify that I taok charge of the remains described above, held an Autopsy Inspection I, Inquiry I, and in my apini
Se e ctar	sign	death resulted from Natural causes Accident (A., Suicide, Homicide, Undetermined manner
MEAN please I directo retained	s de	SIGNATURE / COLOR / Reab MD ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNE
> 35 T	ar i	EXAMINER'S TRANSPORTED TO A DEPOTY MODERN STATE OF THE ST
O DEPILT necessary, the funer 5 may be	Health ar	NAME (Type) AND ARGUEST (Mediting and Angles (Medit
5 5 ± 2 5	3 =	Burial (Specify) 6-11-66 Gate of Heaven Wheaton, Md.
VR A15M	AE (5)	24. FUNERAL DIRECTOR Chambers, Co. 5801 Cleveland Avally 13 1966 Cleveland Avally 13 1966

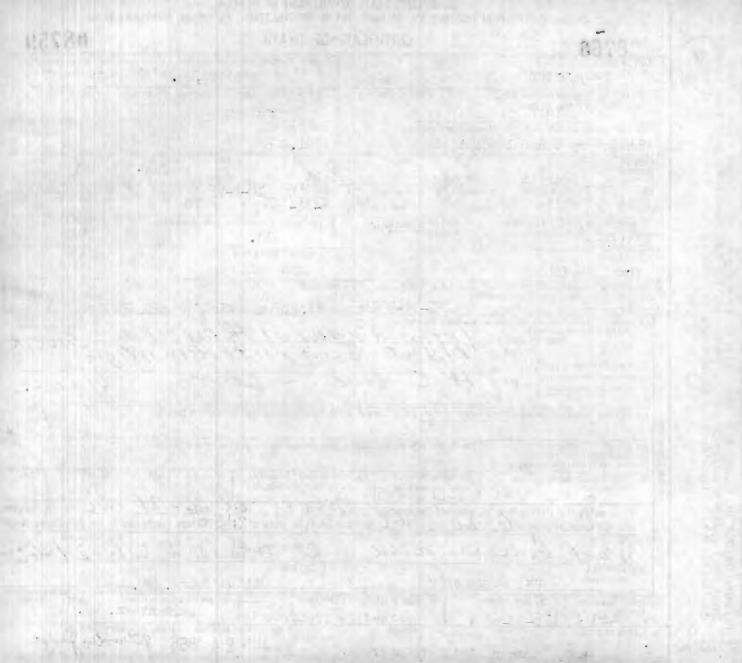


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 1. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE Virginia b. COUNTY after Campbell Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) 52 rs. Pag hours 50 Days Lynchburg .⊑ Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled bon papers. within 72 f ON A FARM? 201 Yeardley Avenue The Clinical Center, Bethesda 14, Maryland NOA completely to the carbon property of the count, within executed within NAME OF Middle DATE DECEASED June 23 1966 Wright (Type or print) David Wayne DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIED XX NEVER MARRIED 5. SEX DATE OF BIRTH emov emov 57 Male WIDOWED DIVORCED November 1908 physician a please re walk and in 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? USA Virginia Managing Editor Newspaper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova Marie Parker Luther M. Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Recordess 16. SOCIAL SECURITY NO. this certificate has been signed by the atten detached for use as the burial-transit permit, e Dept. of Health prior to burial, cremation, or i (If yes give war or dates of service) The Clinical Center, Bethesda 14. Maryland 226-03-7061 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: the hospital or attending physician. Myocardial failure IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which davs Retroperitoneal hemorrhage (b) gave rise to Immediate DUE TO cause (a), stating the Primary aldosteronism underlying cause last, 10 vears CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO T Osteoporosis 2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of item 18.) MEDICAL 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I (County) factory, street, office bldg., etc.) be de State I Hour a.m. After 1 Not While OR ATTENDING at work at work J FUNERAL DIRECTOR: Att director, page 3 should b should be filed with the St 19 66 to 23 June 21. I certify that (1) (this hospital) attended the deceased from 4 May 19 66, that 40 (we) last 19 66 saw the deceased alive on. M, from the causes and on the date stated above. and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. director, page should be filed 瓜 24 June 1966 Page 4 may b M.D. ADDRESSThe Clinical Center, National PHYSICIAN'S NAME (Type) Warren W. Institutes of Health, Bethesda 14, Md 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0 YNCHBURG. BURG. VIRGIA IA 256. REGISTRAR'S SIGNATURE BUR LAL HOLY CROSS CEMETERY 24. FUNERAL DIRECTOR REC'D BY REGISTRAR Ocharles y 1966 VR A15 (4) WHITTEN FUNERAL HOME, LYNCHRING, VIRGINIA 15M 4-64



1		1 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
100	08768 CERTIFICATE	OF DEATH (18759)
2 haurs after death	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Germantown, Md. b. COUNTY Montgomery
haurs after	b. CITY OR TOWN (If autside carporate limits, write RURAL and give-gegrest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	write RURAL and give pagest town)	Germantown 15 - 1
9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Montgomery General Hospital	d. STREET ADDRESS Rt. 2 B. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) Kenneth Thomas Wi	lost 4. DATE Month Doy Year Of June 21 19 66
		8. DATE OF BIRTH 10 - 1 - 9 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Military 10b. KIND OF BUSINESS OR INDUSTRY IN COLUMN IN	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Thomas Wright 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Emma Smith INFORMANT Address
	PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	ONSET AND DEATH COMPIETE HEM IPTEGIA ONSET AND DEATH COMPIETE HEM IPTEGIA THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
0	OR CONTRIBUTING CICAUSE OF DEATH	(Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of otwork of otwork	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
		it death accurred at 2:45 am fram causes and an the date stated above.
be filed with the State Lept. of health prior to	220 Signature Julium alle M 237 PHYSICIAN'S NAME (Type) Jack Schumacher	22d. ADDRESS
70	- Close Softened Tion	Gaithersburg Md.
	230. BURIAL (REMATION, REMOVAL (Specify) 6-23-66 Neelsville	Presbyterian Germantown. Md.
1	24. EUNERAL DIRECTOR & Janhur Tailbress Ernest C. Gartner Gaithersburg. Md.	DATE UN 2 4 1966 Cliarles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) 0 a. COUNTY b. COUNTY a. STATE Montgomery after after MARYLAND Maryland Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours a Silver Spring Silver Spring papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS a. IS RESIDENCE 72 ON A FARM? 910 Venice Dr. within Cross Hospital NO completely carbon NAME OF First OATE Day Year Middle Last Month DECEASED DF 1966 event, ZACHARIA Fred (Type or print) DEATH 100460 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH AGE (In years I IF UNOER 1 YEAR IF UNOER 24 HRS 7. MARRIED NEVER MARRIEO етоме last birthday) | Months | Days Hours any and Male White WIDOWED [**OIVORCED** = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY physician n please r 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? and WA Jaxicab Pennsulvania taxi cab driver removal, MOTHER'S MAIDEN NAME attending phermit. Then Elizabeth XX Daleu Alex Abraham (Lacharia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attendit permit. 0 (Yes, no, or unkown) | (If yes nive war or dates of service): Venice Drive transit perm cremation, Army 577-16-3950 Evelun Zacharia 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN n signed by burial-transit burial, crema ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarct, posterior left vent. **OUE TO** Conditions, If any, which (b) Occulsive coronary arterial atherosclerosis been gave rise to immediate r the **OUE TO** cause (a), stating the prior underlying cause last. 98 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICATI YES X NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) o o OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached e Dept. o this MEDICAL 20c. TIME OF INJURY Month, Oay, Year (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) d Hour a.m. After While Not While Stat at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the the 21. I certify that (I) (this hespital) attended the deceased from Jilmi 1966 to 1000 L) 1966 that (1) (we) last saw the deceased alive on June 25 19 00, and that death occurred at 12 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNED þe STAFF PHYS. M.O. PHYS. DIRECTOR ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) 6-LENFICK 7 (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) REGISTRAR'S SIGNATURE 25a. REC'O BY RECISTRAR 25b. FUNERAL DIRECTOR VR A15 (4) umphreu 20M 1/65

John States this settlet and terminal transmitters to the Occupative community webseled animals and accompliant